

Please fill out this form below on your computer before printing.

Do so by:

Just place your cursor on the grayed blanks in the form and type
or if you have an older version of PDF. Click on the "T" tool on your toolbar first.

Sales Tax

Sales tax is charged only on orders shipped within the state of California. State Board of Equalization requires that sales tax(s) be applied on all service and delivery charges if there is a taxable item on the order per regulation 1628.

Taxes will be charged according to State Board tax schedule by county. Taxes will be applied pending a receipt of this signed Resale Card per state law.

Tax-exempt items must be for resale or part of the package of items for resale. Items such as dispensers, equipment, janitorial and office supplies are not tax exempt unless you are reselling them.

***Do not send a copy of your reseller's permit to us.
You MUST send in the card below completely filled in
or Sales Tax will be added to your orders.***

Please fill in the form below, print it, sign and fax or mail to...

Paper Mart 2164 N. Batavia St. Orange, CA 92865 Fax 1-714-279-3791

CUSTOMER #:	_____	DATE:	_____						
FIRM NAME:	_____								
I HEREBY CERTIFY, That I hold a valid seller permit No. _____ Issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling:									
that the tangible personal property described herein which I shall purchase from : Paper Mart will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.									
Description of property for resale: _____									
OR Check all appropriate product categories for resale (All items in category will be included):									
<input type="checkbox"/>	Packaging	<input type="checkbox"/>	Janitorial	<input type="checkbox"/>	Office	<input type="checkbox"/>	Food	<input type="checkbox"/>	All
Date:	_____	Signature (required)	_____						
By and Title:	_____								
Address:	_____								
City, State and Zip:	_____								
Phone:	_____								

Remember to sign this form.