

Please fill out this form before printing. Click on the T tool on the tool bar above to do so.

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 162B.

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
5361 Alexander Street
Los Angeles, CA 90040
Fax 1-323-837-2271**

CUSTOMER # _____				
Phone #: _____	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: _____				

Remember to sign this form.