

## California Resale Certificate

**I HEREBY CERTIFY:**

1. I hold valid seller's permit number: \_\_\_\_\_

2. I am engaged in the business of selling the following type of tangible personal property:

\_\_\_\_\_

3. This certificate is for the purchase from \_\_\_\_\_ of the item(s) I have  
listed in paragraph 5 below. [Vendor's name]

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale:

6. I have read and understand the following:

**For Your Information:** A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

NAME OF PURCHASER

SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE



PRINTED NAME OF PERSON SIGNING

TITLE

ADDRESS OF PURCHASER

TELEPHONE NUMBER

(      )

DATE



## Additional Resale Sales Tax Exemption Worksheet

Mobile Janitorial Supply is requesting a new California resale form.

In addition, for our records we would like you to list the items or categories that you would like to be exempt from sales tax.

Business Name:

Business Type:

Please check which categories you would like your sales tax exemption to apply to:

- ☐ Janitorial & Cleaning Supplies (Paper Products, Trash Liners, Chemicals and related products)
- ☐ Packaging Supplies (Stretch Films, Tapes, Wrapping Materials, Boxes and related materials)
- ☐ Gloves & Safety Supplies (Disposable Gloves, products used in manufacturing of food items)
- ☐ Foodservice Supplies (Plates, Utensils, Cups, products related for Foodservice related needs)
- ☐ Other (Please explain: \_\_\_\_\_)

Please list any specific products you are claiming are for resale purposes or exempt from your type of business.

Signed By:

Print Name:

Date:

Email this form to: [orders@mobilejanitorialsupply.com](mailto:orders@mobilejanitorialsupply.com)