



New Retail Business Application Form

*Primary Contact: _____ *Company: _____

*Billing Address: _____

*City: _____ *State: _____ *Zip: _____

*Telephone: _____ Fax: _____

*E-mail: _____ Website: _____

*Principal's Name: _____

*Legal Entity: Sole Proprietorship Partnership Other
 Corporation Limited Liability Company

*Tax Registration #: _____

I hereby certify that the above information is correct and the items to be purchased will be used for resale in the regular course of business without intervening use. As the buyer, I am solely responsible for the items purchased. I acknowledge that misuse of the resale privilege subjects the buyer to a penalty of 50 percent of the tax due, in addition to the tax, interest, and any other penalties imposed by law.

*Print Name: _____
(Name of person Authorized by the Buyer)

*Signature: _____ *Date: _____
(Signature of Authorized Agent of Buyer)

Shipping Address: _____
(if different from billing)

City: _____ State: _____ Zip _____

Telephone: _____ Fax: _____

*Asterisk denotes required information