

SALES AND USE TAX
BLANKET EXEMPTION CERTIFICATE

The undersigned: (Legal Business Name): _____

Owner, Partner or Officer: (Purchaser Name): _____

hereby certifies that he/she is engaged in the general business of selling: _____

and that all the tangible personal property, which will be purchased from:

Qualitex Seating and Manufacturing, L.P.

- (1) Will be resold by Purchaser in the form of tangible personal property,
(2) Will become an ingredient of, component of or be incorporated into or used of consumed in a manufactured, processed or fabricated product or tangible personal property produced for ultimate resale,
(3) Or, are chemical materials used as catalytic agents, used or consumed in any manner in manufacturing, processing, fabricating a product of tangible personal property for ultimate sale as resale,
(4) Or, used by an organization created for religious, educational, charitable or an eleemosynary purpose, no part of the net earning of which insures to any individual,
(5) Or, used as wrapping, packaging or packaging supplies and/or materials for use in wrapping, packaging of any tangible personal property for the purpose of expediting or furthering in any way the sale of that property,
(6) Sale of prescription drugs, medicines and prosthetic devices.

Provided, however that in the event any of such property is used for any purpose other than that of retention, demonstration, or display while holding same for resale, lease or rental, in the regular course of business, it is understood that the undersigned purchaser is required by the SALES AND USE TAX LAWS OF TEXAS, to report and pay tax on such property measured by the purpose of such property.

This certificate shall be considered a part of each order given by the undersigned unless otherwise specified and shall be valid until revoked by notice in writing.

NOTE: WE MUST HAVE THIS CERTIFICATE COMPLETED AND ON FILE TO CONDUCT ANY BUSINESS WHATSOEVER. THANKS!

PURCHASERS TAX CERTIFICATE / PERMIT NUMBER

PURCHASER NAME: _____ PHONE: (____) _____
ADDRESS: _____ FAX: (____) _____
CITY, STATE, ZIP: _____

OFFICE USE BELOW THIS LINE: (Circle all applicable)

SET UP: CREDIT CARD: (Y) (N) C.O.D. ACCOUNT: (Y) (N) COMPANY CHECK: (Y) (N)
CASHIERS CHECK: (Y) (N) CASH IN ADVANCE: (Y) (N) OPEN NET 30 DAY: (Y) (N)

CREDIT LIMIT AMT: \$_____ COMPLETE INFO: (Y) (N) DATE APPROVED: ____/____/20____ TAKEN BY: _____

APPROVED BY CORPORATE OFFICE: _____ WHO APPROVED N30 ACCT.: _____
DATE: ____/____/20____ CORPORATE NOTES: _____