

(Print and fill in form)

The State of Illinois requires our company to maintain current taxation records. Please complete the certificate below and return it. The owner or officer of the company must sign this certificate.

### Blanket Certificate of Exemption

Reason(s) for Exemption

#### Resale

Resale Number: \_\_\_\_\_.

I (We) certify that all merchandise purchased by me (us) will be for purposes of resale and I (we) assume all liability for payment of Retailer's Occupation Tax, Service Occupation Tax, Local Taxes, or use Tax for items purchased from you.

#### Interstate Commerce, For Hire

ICC Number: \_\_\_\_\_ Owned: \_\_\_\_\_ Leased: \_\_\_\_\_.

Name: \_\_\_\_\_ Leased to: \_\_\_\_\_.

I (We) operate my (our) vehicle(s) in Interstate Commerce for hire and claim exemption as "Rolling Stock". All purchases from you will be used on vehicle(s) involved in such Interstate Transportation and are therefore exempt from Retailer's and Service Occupation Taxes. *It is understood that repair part sand accessories purchased for our passenger cars and/or vehicles not covered by said lease are taxable, as are items purchased for consumption, such as masking tape, sandpaper, sweeping compound, or for use such as shop tools, equipment, jacks, flares, or other items used in servicing vehicles and do not participate directly in some way in the transportation process.*

#### Charitable, School, Church, Governmental Agencies, Manufacturing, Farm, or Other \_\_\_\_\_

Exemption Number: \_\_\_\_\_.

Explanation: \_\_\_\_\_.

Purchaser: \_\_\_\_\_ Address: \_\_\_\_\_.

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_.

Please fax form to: (847) 223-9103