

SALES TAX RESALE CERTIFICATE

Fill out this certificate completely and email to Johnson Plastics Plus at
accountsreceivable@jpplus.com

Company Name _____ Phone _____

Address _____

City, State, Zip _____

State Sales Tax #:

Not Federal ID #

Seller's Name: Johnson Plastics
12450 Oliver Ave S #100,
Burnsville, MN 55337

Type of Business: *Circle the number that describes your business.*

- | | |
|--|--|
| <input type="radio"/> ① Manufacturing | <input type="radio"/> ⑤ Nonprofit organization |
| <input type="radio"/> ② Retail trade | <input type="radio"/> ⑥ Government |
| <input type="radio"/> ③ Wholesale trade | <input type="radio"/> ⑦ Other (explain) _____ |
| <input type="radio"/> ④ Education and health care services | |

Description of the items to be purchased:

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of authorized purchaser _____

Print name here _____ Title _____

Date