

Sales Tax Resale Form for Out of State/Country Dealers

Name of Purchaser/Company Name		Social Security or Federal Identification Number	
Address			
City/Town		State	Zip
Type of business in which purchaser is engaged:			
Type of tangible personal property or service being purchased (be specific as possible):			
Name of vendor from whom tangible personal property or services are being purchased:			
Skinner Inc			
Address			
274 Cedar Hill St			
City/Town		State	Zip
Marlborough, MA 01752			
<p>I hereby certify that I hold a valid Vendor's Registration issued by the state in which I or my company conducts business and that it complies with Massachusetts General Laws, Chapter 64H, section 7, and that I am in the business of selling the kind of tangible personal property or services being purchased under this certificate, and that I intend to sell such property or services in the regular course of my business.</p>			
Signed under the penalties of perjury.			
Signature of Purchaser		Title	Date
Resale Certificate Number/VAT Certificate		Expiration Date	State/Country of Issue

****Form not valid without a copy of a Resale Certificate****
(Business Card or Business Letterhead Required)