



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF BUSINESS TRUST FUND TAXES
PO BOX 280901
HARRISBURG, PA 17128-0901

PENNSYLVANIA EXEMPTION CERTIFICATE

CHECK ONE:

- STATE OR LOCAL SALES AND USE TAX
- STATE OR LOCAL HOTEL OCCUPANCY TAX
- PUBLIC TRANSPORTATION ASSISTANCE TAXES AND FEES (PTA)
- VEHICLE RENTAL TAX (VRT)

(Please Print or Type)

This form cannot be used to obtain a Sales Tax License Number, PTA License Number or Exempt Status.

**Read Instructions
On Reverse Carefully**

THIS FORM MAY BE PHOTOCOPIED – VOID UNLESS COMPLETE INFORMATION IS SUPPLIED

- CHECK ONE:** PENNSYLVANIA TAX UNIT EXEMPTION CERTIFICATE (USE FOR ONETRANSACTION)
 PENNSYLVANIA TAX BLANKET EXEMPTION CERTIFICATE (USE FOR MULTIPLETRANSACTIONS)

Name of Seller, Vendor, or Lessor

Street _____ City _____ State _____ ZIP Code _____

Property and services purchased or leased using this certificate **are exempt** from tax because: (Select the appropriate paragraph from the back of this form, check the corresponding block below and insert information requested.)

- 1. Property or services will be used directly and predominately by purchaser in performing purchaser's operation of: _____
- 2. Purchaser is a/an: _____
- 3. Property will be resold under License Number _____. (If purchaser does not have a PA Sales Tax License Number, include a statement under Number 7 explaining why a number is not required.)
- 4. Purchaser is a/an: _____ holding Exemption Number _____
- 5. Property or services will be used directly and predominately by purchaser performing a public utility service.
 PA Public Utility Commission PUC Number _____ and/or US Department of Transportation MC/MX _____
- 6. Exempt wrapping supplies, License Number _____. (If purchaser does not have a PA Sales Tax License Number, include a statement under Number 7 explaining why a number is not required.)
- 7. Other _____
 (Explain in detail. Additional space on reverse side.)

I am authorized to execute this Certificate and claim this exemption. Misuse of this Certificate by seller, lessor, buyer, lessee, or their representative is punishable by fine and imprisonment.

Name of Purchaser or Lessee _____ **Signature** _____ **EIN** _____ **Date** _____

Street _____ City _____ State _____ ZIP Code _____

1. ACCEPTANCE AND VALIDITY:

For this certificate to be valid, the seller/lessor shall exercise good faith in accepting this certificate, which includes: (1) the certificate shall be completed properly; (2) the certificate shall be in the seller/lessor's possession within 60 days from the date of sale/lease; (3) the certificate does not contain information which is knowingly false; and (4) the property or service is consistent with the exemption to which the customer is entitled. For more information, refer to Exemption Certificates, Title 61 PA Code §32.2. An invalid certificate may subject the seller/lessor to the tax.

2. REPRODUCTION OF FORM:

This form may be reproduced but shall contain the same information as appears on this form.

3. RETENTION:

The seller or lessor must retain this certificate for at least four years from the date of the exempt sale to which the certificate applies.
DO NOT RETURN THIS FORM TO THE PA DEPARTMENT OF REVENUE.

4. EXEMPT ORGANIZATIONS:

This form may be used in conjunction with form REV-1715, Exempt Organization Declaration of Sales Tax Exemption, when a purchase of \$200 or more is made by an organization which is registered with the PA Department of Revenue as an exempt organization. These organizations are assigned an exemption number, beginning with the two digits 75 (example: 75-00000-0).



PO Box 338 – 1889 Mayview Road – Bridgeville, PA 15017

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INTERNET WEBSITE: <http://www.equipco.com>

E-MAIL ADDRESS: tango@equipco.com

CREDIT APPLICATION

COMPANY INFORMATION

Legal Company Name: _____

Phone Number: (____) ____ - _____

Bill to Address: _____

Ship to Address: _____

Type of Business: _____

Established In: _____

Do you require Purchase Order Numbers? _____

Tax Exempt: _____ YES* _____ NO

Dun & Bradstreet Number: _____
(If applicable)

*If yes, please furnish Exemption Certificate

BANK REFERENCE

Bank Name: _____

Phone Number: (____) ____ - _____

Account Number: _____

Contact: _____

Account Opened: _____

Average Balance: _____

Account Status: _____

TRADE REFERENCES

1. Name: _____
High Credit: \$ _____
Current Balance: \$ _____
Comments: _____

Phone Number: (____) ____ - _____
Terms: _____ Last Sale: _____
Doing Business: _____ yrs.

2. Name: _____
High Credit: \$ _____
Current Balance: \$ _____
Comments: _____

Phone Number: (____) ____ - _____
Terms: _____ Last Sale: _____
Doing Business: _____ yrs.

3. Name: _____
High Credit: \$ _____
Current Balance: \$ _____
Comments: _____

Phone Number: (____) ____ - _____
Terms: _____ Last Sale: _____
Doing Business: _____ yrs.

OFFICE USE ONLY

PARTS --- SALES --- SERVICE --- RENTAL --- USED --- ACCOUNTING

Date: _____
Approved By: _____
Credit Limit: _____

Account #: _____ Salesman #: _____
Requested By: _____
County Code: _____ SIC Code: _____