

Please complete the New Customer Application and Resale Card and fax it to our New Accounts Team at 626.737.9926  
If you have any questions, please call 800.729.7255 ext. 6674

**Uniform Sales & Use Tax Certificate - Multi-jurisdiction**

The below-listed states have indicated that this form of certificate is acceptable. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change.

Issued to Seller: Decore-ative Specialties  
Address: 4414 N. Azusa Canyon Rd., Irwindale, CA 91706

**I certify that:**

Name of Firm (Buyer): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**is engaged as a registered:**

Wholesaler \_\_\_\_\_ Retailer \_\_\_\_\_ Seller (CA) \_\_\_\_\_

Manufacturer \_\_\_\_\_ Lessor \_\_\_\_\_ Other (specify) \_\_\_\_\_

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service\* to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

**Description of business:** \_\_\_\_\_

General description of tangible property or taxable services to be purchased from the seller:

\_\_\_\_\_  
\_\_\_\_\_

**Please include the State and State Registration, Seller's Permit, or ID Number of Purchaser**

State	Resale #	CO, FL, WA (Provide expire date)
_____	_____	_____
_____	_____	_____
_____	_____	_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: \_\_\_\_\_

(Owner, Partner, or Corporate Officer)

Title: \_\_\_\_\_ Date: \_\_\_\_\_