**MASTER DISTRIBUTOR – WHOLESALE ONLY**
**Janitorial Foodservice Industrial Healthcare**

# RESALE CERTIFICATE

Please attach a copy of your registration certificate and mail original to:
Willis Distributing, Inc. Client Acquisition Services
4600 Homer Ohio Lane, Groveport, OH 43125 Phone 800-423-2889
Fax immediately to: 614-836-0119

The undersigned certifies that:

1. This company is registered and holds a valid Sellers Permit (Certificate of Authority), number and state shown above, to collect sales and use tax, issued pursuant to the Sales and Use Tax Law.

2. This company is PRINCIPALLY engaged in the resale of (check all that apply):

- □ Janitorial Supplies
- □ Paper and Packaging Supplies
- □ Industrial Supplies and Equipment
- □ Food Service/Restaurant Supplies
- □ Healthcare/Safety Supplies
- □ Office Supplies

3. The merchandise to be purchased is to be described as follows:_____

_____

The undersigned further states that he/she understands that this certificate may not be used to make tax-free purchases of items that are not for resale. In the event that the property purchased pursuant to this certificate is determined to be subject to the tax or used for a taxable purpose, it is understood that it is required by the Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property or authorized amount, and that such tax will be reported and paid by the undersigned directly to the taxing authority. This certificate is to be considered as a 'blanket certificate' covering all purchases and shall continue in force and effect until revoked by the undersigned. I, the undersigned purchaser, have read and complied with the instructions and rules promulgated pursuant to the Sales and Use Tax Act of the state above, with respect to the use of this Resale Certificate, and it is my belief that the vendor named herein is not required to collect sales and use tax on any transaction covered by this certificate. The undersigned purchaser hereby swears (under the penalties of perjury and false swearing) that all of the information shown in this certificate is true and correct as to every material matter.

State: _____

State Resale Registration or ID Number:
_____

NAME OF PURCHASER (as registered)_____
ADDRESS_____
CITY STATE ZIP_____
PHONE #_____FAX #_____
AUTHORIZED SIGNATURE_____
(owner, partner, or corporate officer)
PRINT NAME_____
TITLE_____DATE_____