



# Tax Exemption Certificate Multi-Jurisdiction

Check Applicable Box:  Single Purchase Certificate  Blanket Certificate

Issued To (Seller's Name) \_\_\_\_\_ Address \_\_\_\_\_

**I Certify That**

Name of Firm, Organization (Buyer)

RI SCHOOL OF DESIGN

Street Address Or P.O. Box No.

2 COLLEGE

City/State

PROVIDENCE

RI

Zip Code

02903

Is registered and/or identified with the below listed cities and/or states 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 to be resold, leased, rented or used in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing, renting or providing non-taxable services or products.

**Is Engaged As A Registered**  
(When Applicable)

- Wholesaler  Lessor  
 Retailer  Exempt Organization/Use  
 Manufacturer  Other (Specify)

Product Or Service Rendered By Purchaser (If Exempt Organization Provide Description)

non-profit, tax exempt educational institution

**Exemption Claimed**  
(Check Where Applicable)

City And / Or State RHODE ISLAND	State Registration, Identification Or Exemption Number (As Required) 66
City And / Or State Massachusetts	State Registration, Identification Or Exemption Number (As Required) E050 258 956
City And / Or State New York Federal	State Registration, Identification Or Exemption Number (As Required) EX-176126 05 72 0973F

- Resale (24)  Federal Government (20)  
 Exempt Organization (26)  State And Local Government (21)  
 Direct Payment Permit (25)  Other (Specify) (26)

I further certify that any property 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 direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.

General Description Of Products Or Services To Be Purchased From The Seller

**I Swear Or Affirm Under Penalty Of Law That The Information On This Form Is True And Correct As To Every Material Matter**

Authorized Signature (Owner, Partner, Official Or Corporate Officer)

*[Handwritten Signature]*

Title

Controller

Date