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Please fax this completed form directly to the Customer Finance Department. You may submit your form via email to: cust.finance@clarksecurity.com

Rev 9/21/11 CLARK Supplemental Certificate of Sales Tax Exemption Form

Entered by: _____ Date: ____/____/____
CREDIT DEPARTMENT USE ONLY

Supplemental Certificate of Sales Tax Exemption

Check if you are attaching the Multi-State Supplemental form.
 If not, provide the abbreviation of the state under whose laws you are claiming exemption: _____

Customer Account #: _____

Name of Purchaser: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Purchaser's Tax ID Number: _____ State of Issue: _____ Expiration Date: _____

Name of seller from whom you are purchasing, leasing or renting: **CLARK SECURITY PRODUCTS, INC**
Seller's Address: **4775 Viewridge Avenue, San Diego CA. 92123**

Type of business (check the box that describes your business):

- | | | |
|---|---|---|
| <input type="checkbox"/> Accommodation and food services | <input type="checkbox"/> Real estate | <input type="checkbox"/> Education and health-care services |
| <input type="checkbox"/> Agricultural, forestry, fishing, hunting | <input type="checkbox"/> Rental and leasing | <input type="checkbox"/> Nonprofit organization |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Rental trade | <input type="checkbox"/> Government:
(check one) State: <input type="checkbox"/> Local: <input type="checkbox"/> |
| <input type="checkbox"/> Finance and insurance | <input type="checkbox"/> Transportation and warehousing | <input type="checkbox"/> Not a business |
| <input type="checkbox"/> Information, publishing and communications | <input type="checkbox"/> Utilities | <input type="checkbox"/> Other (explain): _____ |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Wholesale trade | _____ |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Business services | _____ |
| | <input type="checkbox"/> Professional services | |

Reason for exemption (check the box that identifies the reason for the exemption):

- | | |
|---|---|
| <input type="checkbox"/> Federal government (department): _____ | <input type="checkbox"/> Resale #: _____ |
| <input type="checkbox"/> State or local government (name): _____ | <input type="checkbox"/> Agricultural production: _____ |
| <input type="checkbox"/> Tribal government (name): _____ | <input type="checkbox"/> Industrial production/manufacturing #: _____ |
| <input type="checkbox"/> Foreign diplomat #: _____ | <input type="checkbox"/> Direct pay permit #: _____ |
| <input type="checkbox"/> Charitable organization #: _____ | <input type="checkbox"/> Direct mail #: _____ |
| <input type="checkbox"/> Religious or educational organization #: _____ | <input type="checkbox"/> Other (explain): _____ |

Description of non-taxable property to be purchased: **ALL LOCKS, KEYS, SAFES, PARTS, SECURITY HARDWARE**

TAXABLE ON: TOOLS/MANUALS/SHOP SUPPLIES? (check one): yes: no:

I HERBY CERTIFY that I hold a valid seller's permit No. _____ issued pursuant to the Sales and Use Tax Law; that I am engaging in the business of selling _____ and that the tangible personal property herein described I shall purchase from: **CLARK Security Products, Inc.** will be resold by me in the form of personal tangible property: **PROVIDED**, however, that in the event any such property is issued for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of the business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase of such property.

Date: _____ X _____ Title: _____
Signature of Authorized Purchaser
Print Name Here