



400 Cochrane Circle  
Morgan Hill, CA 95037  
Tel: 408.782.5700  
Fax: 408.782.9000

The state requires that we have a signed resale card on file or we must charge your account sales tax. Please complete this card and fax to (408) 782-9000 as soon as possible to avoid sales tax charges.

Thank You,

Resale Card must be completely filled out and signed.

**FIRM NAME** \_\_\_\_\_

**I HEREBY CERTIFY,**

That I hold valid seller's permit No. \_\_\_\_\_  
issued pursuant to the Sales and Use Tax Law, that I am engaged in the business of selling

\_\_\_\_\_ that the tangible personal property described herein which I shall purchase from:

**California Kitchen Cabinet Door Corporation**

\_\_\_\_\_ will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of 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 price of such property.

**DESCRIPTION OF PROPERTY TO BE PURCHASES:** \_\_\_\_\_

\_\_\_\_\_ **DATED** \_\_\_\_\_ **20** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **TITLE** \_\_\_\_\_