



400 Cochrane Circle, Morgan Hill, CA 95037
Phone 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 it back 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** _____