

## Sales Tax Exemption Certificate Multi - Jurisdiction

See page 2 for instruction	ons					
Last Name or Business Name		First Name				Middle Initial
Address						
City			State	ZIP		
		C-wife That				
I Certify That Name of Firm (Buyer)						
	o Electrical Services and Nice	∍ Electric				
Address 109 Suttle Street						
City			State	ZIP		
Durango			СО	81303		
Qualifies As (Check each applicable item)						
☐ Wholesaler	☐ Retailer	☐ Manufa	☐ Manufacturer ☐ Charitable or Religious			
☐ Political Subdivision or Governmental Agency ☑ Other (Specify)						
If Other, specify here Electrical Contractor & S	Supplies/Service					
1) and is registered with	the below listed states and citie	es within which vou	r firm w	ould delive	er purchases to us	
which are for resale or lea	ase by us in the normal course	of our business wh	ich is 🖺	Electricai (	Contractor & Servi	ce or
2) that such purchases a	re exempt from payment of sal	les or use tax in suc	ch state	s and citie	s because our buy	er is:
	r Governmental Agency			_	e Exempt By Statu	
If Otherwise Exempt By Statue	s, specify here					
City or State	State Registration or ID Numb	ber City or State	City or State		State Registration of	r ID Number
Durango, CO	15-08337-002		Durango, CO		City License #2	
City or State	State Registration or ID Numb	ber City or State			State Registration or	r ID Number
Cortez, CO	15-08337-006		City or Otata			:
City or State	State Registration or ID Numb	ber City or State	City or State		State Registration or ID Number	
I further certify that if any Use Tax we will pay the t tax billing. This certificate	cities is more than six(6), at property so purchased tax fre ax due direct to proper taxing shall be part of each order weled by us in writing or revoke	ee is used or consul authority when sta which we may herea	med by ate law s after giv	the firm asso provide	s or inform the se	ller for added
General Description of product	s to be purchased from seller					
						;
Under penalties of perjun	y, I swear or affirm that the info	ormation on this forn	n is true	and corre	ect as to every mat	erial matter.
Authorized Signature (owner, F	Partner or Corporate Officer)	Title				Date (MM/DD/YY)
Muchila	All Cabe	Centr	ıller	_		01/01/23