

CALIFORNIA RESALE CERTIFICATE



Please fill out and return by FAX for first order only. Mail original copy to our address below. This must be on file for future orders.

1) I hold a valid sellers permit number: _____

2) I am engaged in the business of selling the following type of tangible personal property:

3) This certificate is for the purchase from **General Treatment Products** of the item(s) I have listed in paragraph 5 below.

4) I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

5) Description of property to be purchased for resale:
HVAC and Water Treatment Products

6) I have read and understand the following:

For your information: A person may be guilty of a misdemeanor under the Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

Signature
: _____
Name: _____
Title: _____

Signature: _____
Name: _____
Title: _____

Note: Second signature only when needed.

Customer Information

Date: _____	Phone: _____
Co. Name: _____	FAX: _____
Type of Bus.: _____	E-Mail: _____
Website: _____	
Billing Address: _____	Contact: _____
City: _____	State: _____ ZIP: _____
Shipping Address: _____	Contact: _____
City: _____	State: _____ ZIP: _____

P.O. Box 8697, Brea, CA 92822-5697 ♦ Phone 714) 257-9165

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