

## Reseller Account Application

To establish a Maple Leaf Center reseller account, under the terms described on the Web site, please complete the following form:

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Web Site:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this application, along with a copy of the Resale/Exemption Certificate form by fax or mail to:

Maple Leaf Center  
167 N. Main St.  
Wallingford, VT 05773  
Fax: 802-446-3801

## Resale/Exemption Certificate

The undersigned certifies that all tangible personal property described below which may be purchased from Maple Leaf Center, unless otherwise stated on the purchase order, is exempt from the sale and/or tax for the following reason or reasons:

- Resale as tangible personal property
  
- To be incorporated as a material or part of tangible personal property to be manufactured or compounded for sale.
  
- If exempt please attach a copy of your Exemption Certificate
  
- Other — describe fully \_\_\_\_\_

The undersigned further certifies that in the event any of the property purchased pursuant to this certificate is determined to be subject to the tax or used for a taxable purpose that such will be reported and paid by the undersigned directly to the taxing authority.

**Description of property:** \_\_\_\_\_

**Name of purchaser:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Sales or Use Tax Permit License or Registration No.** \_\_\_\_\_ **State:** \_\_\_\_\_

**Signed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_