

WELCOME

Go West!

Thank you for choosing Westwind Wood Specialties for your high quality cabinet components. We look forward to serving you. We place high value on Customer Care, and will do everything possible to assist you in any way we can. To begin this new business relationship, please complete this form and fax or email it to us at your earliest convenience. This information is necessary to set up your account and to avoid any unnecessary delays. Once we have received this form back from you, our Customer Care Team will contact you. Please fax to 719-466-4375 or email to sales@westwindwood.net.

COMPANY NAME: _____

BILLING ADDRESS: _____

SHIP TO: _____

EMAIL ADDRESS(S): _____

CONTACT NAME (S): _____

PHONE #: _____ FAX #: _____

CELL #(S) _____

OWNER NAME: _____

OWNER HOME PHONE #: _____

DRIVERS LICENSE #: _____

PLEASE FILL OUT THE SALES TAX EXEMPT FORM

SIGNATURE: _____ DATE: _____

THANK YOU FOR YOUR ASSISTANCE!!

SALES TAX EXEMPTION CERTIFICATE MULTI - JURISDICTION

See reverse side for instructions.

	Address	
I CERTIFY THAT	Name of Firm (Buyer)	
	Street Address or Post Office Box Number	
	City	State
	ZIP Code	
QUALIFIES AS (Check each applicable item)	<input type="checkbox"/> WHOLESALER <input type="checkbox"/> RETAILER <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> LESSOR* (See note on reverse side) <input type="checkbox"/> CHARITABLE OR RELIGIOUS <input type="checkbox"/> POLITICAL SUBDIVISION OR GOVERNMENTAL AGENCY <input type="checkbox"/> OTHER (Specify) _____ 1) and is registered with the below listed states and cities within which your firm would deliver purchases to us which are for resale or lease by us in the normal course of our business which is _____ or _____ 2) that such purchases are exempt from payment of sales or use tax in such states and cities because our buyer is: <input type="checkbox"/> CHARITABLE OR RELIGIOUS <input type="checkbox"/> POLITICAL SUBDIVISION OR GOVERNMENTAL AGENCY <input type="checkbox"/> OTHERWISE EXEMPT BY STATUTE (SPECIFY) _____	
City or State	State Registration or ID Number	City or State
City or State	State Registration or ID Number	City or State
City or State	State Registration or ID Number	City or State
If the list of states and cities is more than six (6), attach a list to this certificate.		
<p><i>I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.</i></p> <p>General description of products to be purchased from the seller</p>		
Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.		
Authorized Signature (Owner, Partner or Corporate Officer)		Date