

**MAINE
RESTAURANT EQUIPPERS EXEMPTION DECLARATION**

Seller: Restaurant Equipppers, Inc.
635 West Broad Street
Columbus, OH 43015

Buyer: _____
Address _____

DESCRIPTION OF THE ITEMS PURCHASED: FOOD SERVICE EQUIPMENT AND SUPPLIES

____ CHECK (X) IF BLANKET CERTIFICATE.
____ CHECK (X) IF SINGLE PURCHASE ONLY, AND ENTER THE DATE OF SALE _____

Please Check (X) the appropriate line under which your exemption is being claimed & attach any required documentation that is indicated

<input type="checkbox"/>	RESALE	Certificate Number
	COMPLETE and ATTACH COPY of state-issued Maine Revenue Services Resale Certificate and Enter certificate number. <i>"Under penalty of perjury, I hereby certify that the Sales Tax Certificate # entered represents our organization, that the account is currently valid, that the item(s) being ordered by us are being purchased for resale or lease by us in the normal course of our business, and if later used for any other purpose, the appropriate "use tax" will be reported and paid to the state of Maine.</i>	

<input type="checkbox"/>	EXEMPT ORGANIZATION	Registration Number
	ATTACH COPY of state-issued Maine Revenue Services Permanent Exemption Certificate <i>"Under penalty of perjury, I hereby certify that the item(s) being purchased are being paid for directly from the exempt organization's funds and the item(s) being purchased will be used directly in performing the tax-exempt activities of the organization indicated."</i>	

<input type="checkbox"/>	MAINE GOVERNMENT ENTITY	
	Attach copy of voided Maine Government Identified Purchase Order as proof of Exemption <i>"Under penalty of perjury, I hereby certify that the item(s) being purchased are being paid for directly from the exempt entity's funds and the item(s) being purchased will be used directly in performing the tax- exempt activities of the Maine Government Entity indicated."</i>	

Buyer's Signature _____ Title _____
(Authorized Signature of Owner, Partner, Officer, or Director.)
Telephone _____ Date _____