



2980 Enterprise Street, Suite C Brea, Ca 92821
Call 1-866-477-7225 or Visit <https://greenrushpackaging.com>

Resale Exemption Certificate

I have a valid Resale Certificate in one of the below states (**Circle one**):

CA WA

I am Food Exempt

I hereby certify that:

1. I hold a valid seller's permit (number provided below):

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

3. This certificate is for the purchase from **Green Rush Packaging** of the item(s) 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) 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: **BAGS, PLASTIC OR PAPER, ARTWORK, DIES, PLATES, PRINTING AIDS, PACKAGING.**

6. I have read and understand the following:

For your information: A person may be guilty of a misdemeanor under 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.

Business Name:		
Address of Purchaser:		City:
Telephone Number:	State:	Zip Code:

Signature of Purchaser / Authorized Representative

Printed Name of Person Signing:	Title:
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Please **Email** back to accounting@greenrushpackaging.com
or **Fax** to 714-572-6747

OFFICE USE ONLY		
Approved By:	Date:	Notes:
Sales Person:	Terms:	
Credit Line:	Account #:	