



BLANKET EXEMPTION CERTIFICATE

State of _____

Company Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Fax Number: _____

Email Address: _____

This certifies that I (we) hold a valid state exemption number: _____

That I am (we are) engaged in the business of: _____

And that all merchandise I (we) purchase from:

TSC APPAREL

_____ is for sale in its original form

_____ is to be made part of, or consumed in production of a manufactured product to be sold at retail

_____ other (specify)

This certificate shall be considered a part of each order which I (we) place unless the order states otherwise. If I (we) maintain any of such property for our own use, I (we) will report and pay the tax, based on the purchase price of the property. This certificate is good until revoked in writing.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Please attach a copy of your state resale or exemption certificate or vendor's license.

FAX or mail your completed Blanket Exemption Certificate to:
TSC Sales at (800) 248-1069 or 12080 Mosteller Rd., Cincinnati, OH 45241