



Dear Valued Customer:

- **The State of Michigan** requires us to keep sales tax exemption forms on file.
- To stay in compliance (**with the State of Michigan**) we need you to fill out the form on page two and return it to us.
- The state requires us to charge the sales tax to every customer that does not have a completed form on file.
- Any Customer who does not return the completed form **will be charged** six percent sales tax, plus any applicable county tax.

Thank you,

Carol Spoerl

Carol Spoerl
Credit Manager



MICHIGAN SALES TAX EXEMPTION CERTIFICATE

To: LANE AUTOMOTIVE, INC. dba MOTOR STATE DISTRIBUTING

The undersigned hereby certifies that all items, except as indicated hereon, are purchases:

SECTION 1 – CHECK ONE OF THE FOLLOWING

- One time purchase
Blanket certificate (Note: A blanket certificate is valid for four years from the date of signature unless an earlier expiration date is listed below)
Expiration date, if less than four years: _____

SECTION 2 – BASIS FOR EXEMPTION CLAIM

- Subject to sales tax.
Exempt from sales tax as they are for use or consumption in connection with the production of HORTICULTURAL or AGRICULTURAL products as a business enterprise.
Exempt from sales tax as they are to be used or consumed in connection with the operation of an EXEMPT institution or agency named in the space provided below, and that the consideration for this purchase moves from the funds of the designated institution or agency.
Exempt from sales tax as they are used for INDUSTRIAL PROCESSING.
Exempt from sales tax as they are for RESALE AT WHOLESALE.
Exempt from sales tax, as they are for RESALE AT RETAIL.
(If you check this box, enter your sales tax license number here _____).

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted with the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

Name of Entity _____ Date _____

Signature _____ Title _____

Account #