STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

SALES & USE TAX RESALE CERTIFICATE

Issued to (Seller) IML Security Supply

Address _____

I certify that Name of Firm (Buyer) _____ is engaged as a registered

( ) Wholesaler
( ) Retailer
( ) Manufacturer
( ) Lessor
( ) Other (specify)

Street Address or P.O. Box No. _____

City _____ State _____ Zip _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

.....

.....

City or state	State Registration or I.D. No.	City or State	State Registration or I.D. No.
City or state	State Registration or I.D. No.	City or State	State Registration or I.D. No.
City or state	State Registration or I.D. No.	City or State	State Registration or I.D. No.

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.

General description of products to be purchased from the seller:

_____

I declare under the penalties of false statement that this certificate has been examined by me and to the best of my knowledge and belief is a true, correct and complete certificate.

Authorized Signature _____

(Owner, Partner or Corporate Officer) *Title* *Date*