

PPI INDUSTRIAL CORP.
Uniform Multi-jurisdiction Resale Exemption Certificate

IMPORTANT
PLEASE READ AND COMPLETE THIS FORM CAREFULLY

This resale certificate must be filled out completely (including business description and address information) or we will be forced to collect sales tax on all invoices. This is required in order for us to meet both your requirements and those of the various state tax agencies. Thank you for your cooperation.

ISSUED TO (Seller): PPI

I certify that: (Name of Company) _____

(Street Address) _____

(City, State, Zip) _____

is engaged as a registered (check one):

wholesaler _____

retailer _____

other (specify) _____

Describe nature of your business: _____

Description of properties to be purchased for resale:

This resale exemption certificate remains in effect for all purchases from PPI Industrial Corp. until it expires by statute or is revoked in writing.

I have read and I understand the following:

FOR YOUR INFORMATION: A person may be guilty of a misdemeanor under state statutes 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 of 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 any penalties and interest that may be prescribed by law.

UNDER PENALTIES OF PERJURY, I SWEAR OR AFFIRM THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AS TO EVERY MATERIAL MATTER.

(If purchaser (dealer) is a corporation, an officer of the corporation or other person authorized to sign on behalf of the corporation must sign; if a partnership, one partner must sign; if an unincorporated association, a member must sign; if a sole proprietorship, the proprietor must sign.)

<i>Name of Firm (Buyer)</i>	
<i>Signature of Purchaser or Authorized Representative</i>	<i>Date</i>
<i>Printed Name of Person Signing</i>	<i>Title</i>
<i>Street Address of Purchaser</i>	
<i>City / State / ZIP</i>	
<i>Telephone Number</i>	<i>Fax Number</i>

**PLEASE SEND COMPLETED AND SIGNED EXEMPTION CERTIFICATES TO
PPI INDUSTRIAL CORP.**

**11649 Pendleton Street
Sun Valley, CA 91352**

**OR FAX TO: (818) 768-9442
FOR QUESTION CALL: (818) 768-5665**