

Seller:  
zipr mobility  
Phone: 425-837-9884  
Fax: 425-837-9886



**RESALE CERTIFICATE**

Registration #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Business Name (Buyer): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Cd: \_\_\_\_\_

Business Entity Type: Corporation:  Partnership:  Proprietorship:   
Other:  Explain: \_\_\_\_\_

Types of Items Purchased: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As the buyer, I hereby certify that I am purchasing the items listed above (check appropriate line below):

for resale in the regular course of business without intervening use in the regular course of business,

for use as an ingredient or component part of a new article of tangible personal property to be produced for sale,

I acknowledge that I am solely responsible for purchasing the items listed above. I acknowledge that misuse of the resale privilege claimed by use of this certificate subjects me to all applicable penalties imposed by the issuing state of the resale certificate.

\_\_\_\_\_  
Name of person authorized to use Resale Certificate

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of person authorized to use Resale Certificate

\_\_\_\_\_  
Date