



# Prominent Systems, Inc

136 8<sup>th</sup> Avenue, Suite #12 · City of Industry, CA 91746

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## SALES TAX RULES AND REGULATIONS-RESALE CERTIFICATE

To Our Customers:

In Compliance with Sales and Use Tax Laws, it is necessary that we have from all of customers a signed resale certificate, with their State Sales Tax Permit Number, to show that merchandise has been purchased for resale

The good faith of the seller will be questioned if seller has knowledge of facts that give rise a reasonable inference that the purchaser does not intend to resell the property as, for example, knowledge that a purchaser of particular merchandise is not engaged in the business of selling that kind of merchandise.

Under “Description of property to be purchased” there may appear:

1. Either an itemized list of the particular property to be purchased for resale, or
2. A general description of the kind of property to be purchased for resale. Such certificate is good until revoked in writing.

Please provide your NEW SALES TAX PERMIT NUMBER, WITH YOUR SIGNATURE AND ADDRESS ON THE ATTACHED RESALE CERTIFICATE AND RETURN IT TO US AT ONCE.

### RESALE CERTIFICATE

\_\_\_\_\_  
(Name of Purchaser)

\_\_\_\_\_  
(Address of Purchaser)

I HEREBY CERTIFY: That I hold valid seller’s permit No \_\_\_\_\_ issued pursuant to Sales and Use Tax Law; That I am engaged in the business of selling \_\_\_\_\_; That the tangible personal property described herein which I shall purchase from PROMINENT SYSTEMS, INC. will be resold by me in the form of tangible personal property: PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sales in the regular course of business, It is understood that I am required by Sales and Use Tax Law to report and pay for the tax, measured by the purchaser price of such property.

Description of property to be purchased: Medical and/or Industrial Disposable Gloves Product

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Purchased or Authorized Agents \_\_\_\_\_

**PLEASE FAX BACK TO: (626)628-3716**