

This document is to be completed by a purchaser when claiming exemption from sales/use/excise tax. Certificates are valid for up to three years.

Purchaser Name _____

Seller Name Brand Management Group

Address _____

Address 1605 Main Street, Suite 500

City _____ State _____ ZIP _____

City Sarasota State FL ZIP 34236

General Nature of Business _____

Telephone Number _____

Purchaser is doing business as:

Retailer ☐

Sales/Use/Excise Tax Permit Number (if required) _____

Retailer Car Dealer ☐

Enter your DOT number _____

Governmental Agency (including public schools) ☐

Wholesaler ☐ Farmer ☐ Lessor ☐

Manufacturer ☐ Nonprofit Hospital ☐

Private Nonprofit Educational Institution ☐

Qualifying Residential Care Facility ☐

Nonprofit Museum ☐

Commercial Enterprise ☐

Other ☐ _____

Purchaser is claiming exemption for the following reason:

Resale ☐ Leasing ☐ Processing ☐

Qualifying Farm Machinery/Equipment ☐

Qualifying Farm Replacement Parts ☐

Qualifying Manufacturing Machinery/Equipment ☐

Research and Development Equipment ☐

Pollution Control Equipment ☐

Recycling Equipment ☐ Qualifying Computer ☐

Qualifying Replacement Parts/Supplies
(Manufacturing, R&D, Pollution Control, Recycling,
Computer) ☐

Qualifying Computer Software, Specified Digital
Products and Digital Services ☐

Direct Pay ☐ (permit number required) _____

Other ☐ _____

Description of Purchase (Attach additional information if necessary)

Media, Laminates, Inks, and Coatings related to Digital Printing

Under penalty of perjury, I swear or affirm that the information on this form is true and correct.

Signature of Purchaser _____ Title _____ Date _____

Seller: Keep this certificate in your files.

Purchaser: Keep a copy of this certificate for your records.

Do not send to the Iowa Department of Revenue.