



STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES
SALES & USE TAX RESALE CERTIFICATE

Please check: Single Purchase Blanket Certificate

Issued to (Seller): Imperial Nurseries Address: 90 Salmon Brook St., Granby, CT 06035

I certify that (name of Firm - Buyer) _____

Street Address or P.O. Box No. _____

City/State/Zip Code _____

is engaged as a registered

Wholesaler Retailer Manufacturer Lessor Other (specify) _____

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: WE ARE IN THE BUSINESS OF RETAILING ALL PLANT AND HORTICULTURAL SUPPLIES. ALL OF THE MATERIAL AND SUPPLIES WE PURCHASE FROM IMPERIAL NURSERIES ARE RESOLD AT RETAIL.

City or State _____ State Registration or ID No. _____

City or State _____ State Registration or ID No. _____

City or State _____ State Registration or ID No. _____

City or State _____ State Registration or ID No. _____

City or State _____ State Registration or ID No. _____

City or State _____ State Registration or ID 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 informs 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 revolving by the city or state.

General description of products to be purchased from the seller:
NURSERY PLANTS AND TREES.

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 _____