

Streamlined Sales and Use Tax Agreement Certificate of Exemption

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

- 1** Check if you are attaching the Multistate Supplemental form.
 If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.
- 2** Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____

3 Please print

Name of purchaser _____

Business address _____ City _____ State _____ Zip code _____

Purchaser's tax ID number _____ State of issue _____ Country of issue _____

if no tax ID number, enter one of the following:	FEIN	Driver's license number/State state of issue issued ID number number	Foreign diplomat number
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Name of seller from whom you are purchasing, leasing, or renting

Sheehan Sales Inc.

Seller's address _____ City _____ State _____ Zip code _____
1408 Transport Drive Raleigh NC 27603

4 Type of business. Check the number that describes your business.

- | | |
|--|--|
| <input type="checkbox"/> 01 Accommodation and food services | <input type="checkbox"/> 11 Transportation and warehousing |
| <input type="checkbox"/> 02 Agricultural, forestry, fishing, and hunting | <input type="checkbox"/> 12 Utilities |
| <input type="checkbox"/> 03 Construction | <input type="checkbox"/> 13 Wholesale trade |
| <input type="checkbox"/> 04 Finance and insurance | <input type="checkbox"/> 14 Business services |
| <input type="checkbox"/> 05 Information, publishing, and communications | <input type="checkbox"/> 15 Professional services |
| <input type="checkbox"/> 06 Manufacturing | <input type="checkbox"/> 16 Education and health-care services |
| <input type="checkbox"/> 07 Mining | <input type="checkbox"/> 17 Nonprofit organization |
| <input type="checkbox"/> 08 Real estate | <input type="checkbox"/> 18 Government |
| <input type="checkbox"/> 09 Rental and leasing | <input type="checkbox"/> 19 Not a business |
| <input type="checkbox"/> 10 Retail trade | <input type="checkbox"/> 20 Other (explain) _____ |

5 Reason for exemption. Check the letter that identifies the reason for the exemption.

- | | |
|--|--|
| <input type="checkbox"/> A Federal government (department) _____ | <input type="checkbox"/> H Agricultural production # _____ |
| <input type="checkbox"/> B State _____ government (name) _____ | <input type="checkbox"/> I Industrial production/manufacturing # _____ |
| <input type="checkbox"/> C Tribal government (name) _____ | <input type="checkbox"/> J Direct pay permit # _____ |
| <input type="checkbox"/> D Foreign diplomat # _____ | <input type="checkbox"/> K Direct mail # _____ |
| <input type="checkbox"/> E _____ | <input type="checkbox"/> L Other (explain) _____ |
| <input type="checkbox"/> F _____ | |
| <input type="checkbox"/> G Resale # _____ | |

6 Sign here. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of authorized purchaser _____ Print name here _____ Title _____ Date _____



Blanket Authority To Ship Form

Sheehan Sales, Inc.
PO Box 680 Garner, NC 27529

We will need this authorization on file for any of the reasons listed below:

- 1.) The name on the credit card is not the name of your business.
- 2.) The SHIP TO address is different than the BILL To address.

***BILLING ADDRESS** (must match billing address on credit card)

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHECK THIS BOX IF THE SHIP TO ADDRESS IS THE SAME AS THE BILL TO ADDRESS ABOVE

***SHIP TO ADDRESS** (please fill out this section if different from the billing address on the credit card)

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF CARD: VISA MC DISC AMEX (We will get full card info over the phone. The last 4 digits plus exp. is required.)
(Circle One)

CREDIT CARD NUMBER: XXXX-XXXX-XXXX- _____ **(Last 3 for AMEX, others Last 4) EXP. DATE:** _____

NAME AS IT APPEARS ON CREDIT CARD: _____ **(Print Please)**

SIGNATURE OF CARD HOLDER: _____

By signing above the card holder approves to have shipments shipped by Sheehan Sales Inc. to the above 3rd party ship to address/location.

Return Policy

1. Returns are not accepted without a Return Authorization number being assigned.
2. All complaints/claims must be made IN WRITING via fax ,letter or email, within 5 days of receipt of your order.
3. Returns are to be shipped FREIGHT PREPAID.
4. Returns are not accepted at our "Remit To" address (P.O. Box). You must return to our warehouse address. You will be given that address when you call for authorization
5. Invoice due dates are based on ship date
6. All past due invoices are subject to a 1.5% per month finance charge. Cost of collection, including attorney's fees, will be added to the invoice in the event of non payments. Any invoice 10 days or more past due will result in Suspension of net terms.
7. All checks returned NSF will be electronically debited for the face value of the check plus a returned processing fee as allowed by state law.

Mailing Address: P.O. Box 680 Garner, NC 27529

Shipping: 1408 Transport Drive, Raleigh, NC 27603

Phone: John (919) 212 - 1673 **Sandi** (919) 861 - 0114 **Fax:** 919 - 212 - 6198

Website: www.sheehansales.org