COMPANY N	NAME:		C#
I HEREBY CER	RTIFY,		
That I hold val	lid seller's permi	t No.:	
issued pursuant to	the Sales and Use Tax	x Laws of the State of California, and that;	
I AM ENGAG	ED IN THE BUS	INESS OF SELLING, What products are Y	OU selling
will be resold by us property is used fo course of business,	in the form of tangib r any purpose other t ,it is understood that	scribed herein which I shall purchase from: the personal property; PROVIDED, however, the than retention, demonstration or display while I am required by the State and Use Tax Laws price of such property.	nat in the event any of such e holding it for sale in the regular
Wrap Equipme	nt & Supplies; Sh	e purchased: Laminating Equipmerink Film Rolls; Shrink Wrap bags;	nent & Supplies; Shrink ID Equipment & Supplies;
Date:	• • • • • • •	Signature:	• • • • • • • • • • • • • • •
Address:	,	Title: Owner, Mgr., Employee, etc	
City:		, St: <u>C</u>	A Zip:
		abide by the resale Tax Laws of th	-

AJM, Inc

1500 E. Juana Avenue • San Leandro, CA 94577Phone#: (510) 357-7791 <|> Fax: (510.357.7793)

E-mail: mfrug@ajminc.com www.ajminc.com

STATE BOARD OF EQUALIZATION REQUIREMENT PLEASE COMPLETE ATTACHED CARD & RETURN TO AJM, Inc.

In order to exempt your Company from CALIFORNIA STATE SALES TAX, we must retain the enclosed RESALE CARD, in our files (Completed, signed & dated).

Return the card ASAP, TO AJM, Inc. Please so do within 10-days of receipt. Thank you in advance for your PROMPT RESPONSE to this STATE REQUIREMENT.