

Please fill out
Return to Linda @ Hitchdoc 507-847-5100 Fax

MINNESOTA REVENUE

Certificate of Exemption

ST3

Purchaser: Complete this certificate and give it to the seller.
Seller: If this certificate is not fully completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked, and remains in force as long as the purchaser continues making purchases, or until otherwise cancelled by the purchaser.

- Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____
- If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make multiple purchases for a specific job. Enter the exempt entity, name and specific project:

Exempt entity name _____ Project description _____

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 issued ID number _____ state of issue _____ number _____	
	Name of seller from whom you are purchasing, leasing or renting C&B Manufacturing, Inc. (dba) HitchDoc			
Please print	Seller's address _____		City _____	State _____ Zip code _____
	131 County Road 34 East		Jackson	MN 56143

Type of business	Type of business. Circle the number that describes your business.	
	01 Accommodation and food services	11 Transportation and warehousing
	02 Agricultural, forestry, fishing, hunting	12 Utilities
	03 Construction	13 Wholesale trade
	04 Finance and insurance	14 Business services
	05 Information, publishing and communications	15 Professional services
	06 Manufacturing	16 Education and health-care services
	07 Mining	17 Nonprofit organization
	08 Real estate	18 Government
	09 Rental and leasing	19 Not a business (explain) _____
10 Retail trade	20 Other (explain) _____	

Reason for exemption	Reason for exemption. Circle the letter that identifies the reason for the exemption.	
	A Federal government (department) _____	I Industrial production/manufacturing
	B Specific government exemption (from list on back) _____	J Direct pay permit # _____
	C Tribal government (name) _____	K Multiple points of use (services, digital goods, or computer software delivered electronically) _____
	D Foreign diplomat # _____	L Direct mail
	E Charitable organization # _____	M Other (enter number from back page) _____
	F Religious or educational organization # _____	N Percentage exemption
	G Resale	<input type="checkbox"/> Advertising (enter percentage) _____ %
	H Agricultural production	<input type="checkbox"/> Utilities (enter percentage) _____ %

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY - If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)

Signature	Signature of authorized purchaser _____	Print name here _____	Title _____	Date _____
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131 County Road 34 E
 Jackson, MN 56143
 1-800-446-8222 Phone 1-507-847-5100 Fax

CREDIT APPLICATION

Account Name _____ Sales Person _____
 Street Address _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Type of Business _____
 Home Office Location _____
 Sales Tax Exempt Number _____

OWNERS OR OFFICERS

1. Title _____ SS# _____
 Email _____ Home _____
 Address _____ Phone _____
 Cell Phone _____

2. Title _____ SS# _____
 Email _____ Home _____
 Address _____ Phone _____
 Cell Phone _____

3. Title _____ SS# _____
 Email _____ Home _____
 Address _____ Phone _____
 Cell Phone _____

4. Title _____ SS# _____
 Email _____ Home _____
 Address _____ Phone _____
 Cell Phone _____

Trade References

Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____	Phone _____
Fax _____	Fax _____
Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ Fax _____	Phone _____ Fax _____

ARE PURCHASE ORDERS REQUIRED: Yes _____ No _____

Person To Contact Regarding Accounts Payable: _____
 Anticipated Credit Requirements: \$ _____

In the event collection of any unpaid balance is placed in the hands of attorneys, Purchaser shall pay reasonable attorney fees and cost of collection. If, at any time, the financial responsibility of the purchaser is impaired, the Seller shall have the right to cancel orders, discontinue shipments, require payments in advance and/or require other satisfactory security to guarantee that invoices will be paid promptly when due.

Prices are subject to adjustment by Seller in order to conform to Seller's prices in effect at date of shipment. Prices specified do not include any taxes (excise, privilege, occupation, sales, use or other taxes payable on account), and all such taxes not in effect and/or hereafter levied which are applicable are in addition to such price and shall be paid by the Purchaser.

Bank Reference _____	I hereby authorize you, as my bank of record, to release information regarding my account(s) to HitchDoc.
Account Number _____	
Address _____	
City _____ State _____ Zip _____	
Phone _____	
Type of Account _____	Signed _____
	Title _____
	Date _____