

# SALES TAX RESALE CERTIFICATE

Fill out this certificate completely and email to Johnson Plastics Plus at  
accountsreceivable@jpplus.com

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**State Sales Tax #:**

*Not Federal ID #*

Seller's Name:     Johnson Plastics Plus  
                             5409 Hamlet Dr.  
                             Findlay, OH 45840

Type of Business:     *Circle the number that describes your business.*

① Manufacturing

⑤ Nonprofit organization

② Retail trade

⑥ Government

③ Wholesale trade

⑦ Other (explain) \_\_\_\_\_

④ Education and health care services

Description of the items to be purchased:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*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

\_\_\_\_\_