

Dear customer,

In order for us to comply with state regulation we are asking you to complete the area marked in red and return the form bellow.

Sincerely,

BOE-230 (7-02) STATE OF CALIFORNIA

GENERAL RESALE CERTIFICATE BOARD OF EQUALIZATION California Resale Certificate I

HEREBY CERTIFY:

1. I hold valid seller's permit number: \_\_\_\_\_

2. I am engaged in the business of selling the following type of tangible personal property:

**AUTOMOTIVE ACCESSORIES**

3. This certificate is for the purchase from of the item(s). ATLANTIC WHOLESALERS WEST INC. I have listed in paragraph 5 below

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale:

**-AUTOMOTIVE ACCESSORIES, SUCH AS HEADLIGHTS TAIL LIGHTS, LED LIGHTS, CHROME ACCESSORIES.**

6. I have read and understand the following:

For Your Information: A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

NAME OF PURCHASER(company name)\_\_\_\_\_

BUSINESS ADDRESS\_\_\_\_\_

TELEPHONE\_\_\_\_\_ FAX\_\_\_\_\_

PURCHASER AND PURCHASER'S EMPLOYEE NAMES WHO ARE AUTHORIZED TO MAKE A PURCHASE\_\_\_\_\_.

PRINTED NAME OF PERSON SIGNING(EMAIL BACK)\_\_\_\_\_

TITLE:\_\_\_\_\_

YOU CAN EMAIL OR FAX BACK

FAX: 562-667-2172 EMAIL: [SALES@SMDPLUS.COM](mailto:SALES@SMDPLUS.COM) TEL: 562-912-1367

THANK YOU

SALES