



Sales Tax Exemption Certificate Multi - Jurisdiction

See page 2 for instructions

| | | |
|----------------------------|------------|----------------|
| Last Name or Business Name | First Name | Middle Initial |
| Address | | |
| City | State | ZIP |

I Certify That

| | | |
|--|-------------|--------------|
| Name of Firm (Buyer) University of Denver (Colorado Seminary) | | |
| Address 2199 South University Boulevard | | |
| City Denver | State CO | ZIP 80210 |

Qualifies As (Check each applicable item)

- Wholesaler Retailer Manufacturer Charitable or Religious
 Political Subdivision or Governmental Agency Other (Specify)

If Other, specify here
 Educational Institution

1) and is registered with the below listed states and cities within which your firm would deliver purchases to us which are for resale or lease by us in the normal course of our business which is Denver, Colorado or

2) that such purchases are exempt from payment of sales or use tax in such states and cities because our buyer is:

- Political Subdivision or Governmental Agency Charitable or Religious Otherwise Exempt By Statute (Specify)

If Otherwise Exempt By Statute, specify here **501 (C) (3) Corporation**

| City or State | State Registration or ID Number | City or State | State Registration or ID Number |
|------------------|---------------------------------|---------------|---------------------------------|
| Denver, Colorado | 98-00574-0000 | | |
| Colorado | 04-300831-0000 | | |
| | | | |

If the list of states and cities is more than six(6), attach a list to this certificate.
 I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sale or Use Tax we will pay the tax due direct to proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be called until canceled by us in writing or revoked by the city or state.

General Description of products to be purchased from seller

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

| | | |
|--|---|----------------------------|
| Authorized Signature (owner, Partner or Corporate Officer) | Title Associate Vice Chancellor of Finance | Date (MM/DD/YY) 1/20/17 |
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