

TELEPHONE
800.826.3473
FACSIMILE
800.433.9265
INTERNET

brook sequipment.com

RESALE CERTIFICATE FOR THE STATE OF:

Required in every state except Al	aska, New Hampshire and Oregon.
Brooks' Account Number	
Customer Name	
Street Address	
City, State, Zip	
I hereby certify:	
That I hold a valid Seller's Permi	t Number issued pursuant to the
Sales and Use Tax Law of the abo	ve named State, and that I am engaged in the business of
selling and servicing fire protecti	ion equipment and related parts and supplies.
That the tangible personal prope	rty described below, which I will purchase from Brooks
	ld by me in the form of tangible personal property.
That in the event any of the pror	perty described below is used for any purpose other than
, , ,	lay while holding it for sale in the regular course of business
_	by the Sales and Use Tax Law to report and pay tax,
measured by the purchase price of	
The state of the s	I II II
DESCRIPTION OF PROPERTY TO) BE PURCHASED:
Fire Protection	Equipment and Related Parts and Supplies
This certificate is good until revo	oked in writing.
Date	Name of Company
	Your Signature
	Title (Owner, Partner, Purchasing Agent)