## Michigan Sales and Use Tax Certificate of Exemption

INSTRUCTIONS: DO NOT send to the Department of Treasury. Certificate must be retained in the seller's records. This certificate is invalid unless all four sections are completed by the purchaser.

SECTION 1: TYPE OF PURCHASE				
A. One-Time Purchase	C. Blanket Certificate			
Order or Invoice Number:	Expiration Date (maximum of four years):			
B. Blanket Certificate. Recurring Business Relationship				
The purchaser hereby claims exemption on the purchase of tangible personant certifies that this claim is based upon the purchaser's proposed use of the				listed below. This
Vendor's Name and Address National Salon Resources 3109 Louisiana Ave.	N	New Hope	MN	55427
SECTION 2: ITEMS COVERED BY THIS CERTIFICATE Check one of the following:  1. All items purchased.				
2. Limited to the following items:				
SECTION 3: BASIS FOR EXEMPTION CLAIM  Check one of the following:  1. For Lease. Enter Use Tax Registration Number:  2. For Resale at Retail. Enter Sales Tax License Number:				
The following exemptions DO NOT require the purchaser to pr	ovide a nun	ber:		
Agricultural Production. Enter percentage:%				
4. Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization).				
5. Contractor (must provide <i>Michigan Sales and Use Tax Contractor Eligibility Statement</i> (Form 3520)).				
6. For Resale at Wholesale.	adotor Englis	my otatomoni (i otin oozo)	·/·	
7. Industrial Processing, Enter percentage:%				
8. Nonprofit Internal Revenue Code Section 501(c)(3) or 501(				•
<ol> <li>Nonprofit Organization with an authorized letter issued by the letter with this form).</li> </ol>	ne Michigan	Department of Treasury pri	or to June 1994 (mu	ust provide copy of
10. Rolling Stock purchased by an Interstate Motor Carrier.				
11. Qualified Data Center				
12. Other (explain):				
SECTION 4: CERTIFICATION  I declare, under penalty of perjury, that the information on this certificate a sources of law applicable to my exemption, and that I have exercised real law. In the event this claim is disallowed, I accept full responsibility for the reimbursement to the vendor for tax and accrued interest.	sonable car	in assuring that my claim	of exemption is valid	d under Michigan
Business Name			Type of Business (	see codes on page 2)
Business Address	City, State,	ZIP Code		
Business Telephone Number (include area code)	Name (Print	or Type)		
Signature and Title	Date Signed			