

RESALE VERIFICATION INSTRUCTIONS

A valid state sales tax permit number is required to certify that the products are being purchased for resale. Complete the verification form below by filling in the following information in the numbered space.

Please Note: The following states require submission of the reseller certificate in lieu of the form below: Indiana, Louisiana, Massachusetts, Mississippi, New York, Virginia, West Virginia, and Wyoming. Please send in your state's reseller certificate to the fax number below.

- | | |
|--|---|
| 1) Complete legal business name | 6) Date form is signed |
| 2) State sales tax permit number | 7) Signature of owner or officer with authority to sign |
| 3) Name of state issuing permit number | 8) Name and title of person signing |
| 4) General description of your business | 9) Business address and phone number |
| 5) Description of types of property you intend to purchase | 10) Expiration date of resale certificate |

RESALE VERIFICATION FORM

Regardless of terms, the tax **resale verification form** must be submitted for every state in which there are product receiving locations.

- 1) _____ ("Reseller") hereby certifies that it holds valid state sales tax permit number
2) _____ issued by the state of
3) _____; that it is engaged in the business of
4) _____; and that the tangible personal property described below purchased from CreateSpace will be resold by it in the form of tangible personal property.

Description of property purchased 5) _____

In the event that any of the above described property is not resold, and is held by Reseller for retention, demonstration, or display for sale in the regular course of Reseller's business, Reseller will report the purchase of such property to the appropriate tax authorities and will pay all required sales and use taxes relating to the purchase of such property.

Certified and agreed on (today's date) 6) _____

Reseller

- | | |
|--------------------|---------------------------|
| 7) Signature _____ | 9) Address _____ |
| 8) Name _____ | Phone (____) _____ |
| Title _____ | 10) Expiration Date _____ |

Fax completed form to: 843-760-0532

Attn: CreateSpace Direct Reseller Program