

# SALES TAX LICENSE HOLDERS AGREEMENT FORM

## College Funding Solutions, Inc.

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### REPRESENTATIVE INFORMATION – Do NOT WRITE ON THIS FORM. USE THIS AS AN ORIGINAL FORM FOR MAKING DUPLICATES.

Federal ID#/SS#

Distributor ID#

Last Name

First Name

M.I.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Phone Day \_\_\_\_\_

Eve \_\_\_\_\_

Fax \_\_\_\_\_

Sales Tax License Number \_\_\_\_\_

Resale Exemption Certificate Number \_\_\_\_\_

Registration State of Sales Tax License and/or Resale Exemption \_\_\_\_\_ Date \_\_\_\_\_

I certify that I am a dealer in tangible personal property or services and that the tangible personal property or services purchased by me from College Funding Solutions, Inc. are for resale. If I use or consume any tangible personal property or services which I purchase tax-free for resale, I will report and pay sales tax on my cost thereof direct to the State, County, City, Local and RTD (Rapid Transit District) in which I reside and do business on my next regular sales and use tax return.

I certify that I have a current Sales Tax License and/or Resale Exemption Certificate Number \_\_\_\_\_ for the state of \_\_\_\_\_, a photocopy of which I have attached to this form, and that I will adhere to the sales and use tax requirements in the State, County, City, Local and RTD (Rapid Transit District) in which I reside and do business.

I further understand that I must collect and submit sales and/or use tax to the proper state and local authorities as required by the appropriate state and local laws, regulations and ordinances.

In the event my claim of exemption is disallowed, I promise to reimburse College Funding Solutions, Inc. for the amount the State, County, City, Local and RTD (Rapid Transit District) may require College Funding Solutions, Inc. to pay on my behalf.

Signed \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_\_

PLEASE ATTACH A COPY OF SALES TAX LICENSE AND RESALE EXEMPTION CERTIFICATE