



ONTARIO RETAIL SALES TAX PURCHASE EXEMPTION CERTIFICATE

IMPORTANT

This certificate is invalid unless fully completed and it expires at the end of four years from the date of issuance.

This certificate must be fully completed by the purchaser and sent to the supplier for each purchase of an item or items for which the purchaser claims exemption, unless the purchaser is a vendor who in the future will be making additional purchases of the items listed below, in which case the word "BLANKET" should be inserted in front of the words "PURCHASE EXEMPTION CERTIFICATE" at the top of this form and the purchaser will not be required to complete certificates for subsequent purchases.

The supplier must retain this certificate until a request in writing for its destruction is authorized by the Retail Sales Tax Branch.

Under the provisions of The Retail Sales Tax Act, I/We hereby claim exemption from tax on the purchase of the following items of tangible personal property.

Name under which Purchaser conducts business _____

Tel. () _____ Fax. () _____ Email. _____

Street Address _____ Unit # _____

City _____ Postal Code _____

Permit Number _____ Nature of Business _____

Signature of Purchaser Or Authorized Officer _____

Date of Issue _____ Date of Expiry _____
(Not later than four years from date of issue)

Every person who makes a false statement herein or misuses this certificate is liable on summary conviction to a fine of not less than \$100.00 and not more than \$10,000.00 plus an amount of not more than double the amount of the tax that should have been declared to be collectable or payable or that was sought to be evaded, or to imprisonment for a term Of not more than two years, or both.

Please fill in and fax back Attention - Dee or email dee@spectrimlabel.com

Company Information Sheet

Company Name : _____

Bill To Address : _____ Ship To : _____

City/Prov : _____ City/Prov : _____

Postal Code : _____ Postal Code : _____

Phone # : _____ Phone # : _____

Fax # : _____ Fax # : _____

Credit References

1 _____

Address : _____

City/Prov : _____

Phone: _____

Fax: _____

2 _____

Address : _____

City/Prov : _____

Phone: _____

Fax: _____

3 _____

Address : _____

City/Prov : _____

Phone: _____

Fax: _____

Purchasing

Name : _____

Phone # (ext) : _____

Email : _____

Accounts Payable

Name : _____

Phone # (ext): _____

Email : _____

Bank Reference

Bank Name _____

Address : _____

City/Prov : _____

Postal Code: _____

Phone: _____

Fax: _____

PST EXEMPTION # : _____

Please fill in and fax back Attention - Dee or email dee@spectrimlabel.com