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Email: orders @optionsauto.com

## **CALIFORNIA – RESALE CERTIFICATE**

ТО:			
FROM: Accounting Department			
DATE:			
Dear Customer,			
Please fill out, date and sign the	following resale certificate as ı	equired by State Board of Equalization then re	eturn it
back to us at Email: orders@opti	,		
	***********	******************	******
I HEREBY CERTIFY, That I hold valid seller's permit n			
issued pursuant to the Use Tax I	aw, that I am engaged in the l	pusiness of selling:	
that the tangible personal prope	ty described herein which I sh	all purchase from:	
	OPTIONS AUTO	SALON	
property is used for any purpose	other than retention, demonst ood that I am required by the S	provided, however, that in the event any of suc ration, or display while holding it for sale in the ales & Use Tax Law to report and pay tax, me t.	e regular
Description of property to be pur Auto Parts, Accessories, So	chased: upplies, Tools and Related Iter	ns & Materials.	
(Print Name)	(Signature)	(Title)	
(FTH Name) Authorized Agent or Purchaser Only	(Signature)	(Title)	
(Address)			
(Phone)	(Date)		