



# STEP 1 - Sales Tax Exemption Certificate

Please fill out and fax this form to: **(800) 767-9722** before proceeding to Step 2.

For Multi-State or Single State Use

Issued to: ACM Technologies, Inc., 2535 Research Drive, Corona, CA 92882

|                                                                                                                                                             |        |           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------|--|
| COMPANY NAME:                                                                                                                                               |        |           |  |
| ADDRESS:                                                                                                                                                    |        | P.O. BOX: |  |
| CITY:                                                                                                                                                       | STATE: | ZIP CODE: |  |
| <input type="checkbox"/> Distributor <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Other (please explain): |        |           |  |
| PRODUCTS OR SERVICES RENDERED:                                                                                                                              |        |           |  |

|        |           |
|--------|-----------|
| STATE: | TAX ID #: |
| STATE: | TAX ID #: |
| STATE: | TAX ID #: |
| STATE: | TAX ID #: |
| STATE: | TAX ID #: |
| STATE: | TAX ID #: |

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due direct to the proper taxing authority when the state law so provides or informs the seller for added tax billing. This certificate shall be part of each order which, we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.

I swear or affirm that the information on this form is true and correct as to every material matter.

### Authorized Signature:

**X** \_\_\_\_\_  
Signature of Owner/Partner/Corporate Officer

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_