

Please Email to sales@supplieside.com
For Any Questions, Please Call 800-284-7357

Date: _____

Account Status: New Existing (Acct #: _____ Date of Last Purchase: _____)

Organization Is: Corporation LLC Partnership Proprietorship

Billing Information

Legal Name Of Company: _____

Dba: _____

Street Address (No P.O. Boxes): _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-Mail: _____

Shipping Information (If Different From Billing)

Street Address: _____

City, State, Zip: _____

Credit Card Information

Cardholder Title: _____

Cardholder Name: _____

Card Type: _____

Card Number: _____

Expiration Date: _____

Billing Address: _____

City, State, Zip: _____

Phone: _____

Cardholder Signature: _____

Applications may be sent via Email to sales@supplieside.com





CREATING SUPPLY CHAIN EXCELLENCE

32125 Solon Rd. ste. 200 Solon, Ohio 44139

Phone: 800-284-7357

Resale Certificate Document

State of _____

(Name of Purchaser)

(Address of Purchaser)

(State Tax I.D. #)

I **Hereby Certify**: that I hold valid seller's permit No. _____
issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling

_____ that the tangible personal property described herein which I shall purchase from:

Supply Side USA, Inc., 32125 Solon Rd. ste. 200 Solon, Ohio 44139

will be resold by me in the form of personal property; provided, however, that in the event any such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property or other authorized amount. Description of property to be purchased:

Date: _____

Signature of Purchaser or Authorized Agent:

Please Print Name: _____

Title: _____