



Sales Tax Exemption Certificate Multi - Jurisdiction

See page 2 for instructions

Last Name or Business Name	First Name	Middle Initial
Address		
City	State	ZIP

I Certify That

Name of Firm (Buyer) Colorado State University		
Address 6003 Campus Delivery, 555 S Howes St		
City Fort Collins	State CO	ZIP 80523-6003

Qualifies As (Check each applicable item)

Wholesaler
 Retailer
 Manufacturer
 Charitable or Religious
 Political Subdivision or Governmental Agency
 Other (Specify)

If Other, specify here

1) and is registered with the below listed states and cities within which your firm would deliver purchases to us which are for resale or lease by us in the normal course of our business which is Institute of Higher Education or

2) that such purchases are exempt from payment of sales or use tax in such states and cities because our buyer is:

Political Subdivision or Governmental Agency
 Charitable or Religious
 Otherwise Exempt By Statute (Specify)

If Otherwise Exempt By Statute, specify here

City or State Colorado	State Registration or ID Number 98-02381-0000	City or State Westminster	State Registration or ID Number 3534901
City or State Fort Collins	State Registration or ID Number 00010504	City or State Florida	State Registration or ID Number 85-8017847078C-1
City or State Denver	State Registration or ID Number 619-12020-G-P	City or State Illinois	State Registration or ID Number E99004271

If the list of states and cities is more than six(6), attach a list to this certificate.

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 Sale or Use Tax we will pay the tax due direct to proper taxing authority when state law so provides or inform 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 called until canceled by us in writing or revoked by the city or state.

General Description of products to be purchased from seller

All purchases

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

Authorized Signature (<i>owner, Partner or Corporate Officer</i>) <i>Elizabeth Tetuquit</i>	Title University Tax Manager	Date (MM/DD/YY) 01/03/22
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Colorado State University Additional Sales Tax Exemption Certificate
Registration Numbers

Kansas	KSU9YF3RUQ
Kentucky	OA-000180270
Missouri	14991101
North Dakota	E-50880
Rhode Island	19232
Texas	18460005459