



# SALES & USE TAX CERTIFICATE OF EXEMPTION

**DO NOT USE THIS FORM FOR: AL, CT, MA, NY, VA, or WY. You will need to obtain a certificate from your state or local government. PLEASE PRINT ALL INFORMATION CLEARLY.**

The undersigned hereby certifies that the articles of tangible personal property purchased from \_\_\_\_\_ are exempt from:

\_\_\_\_\_ State Sales and/or Use Tax (and local option taxes, if applicable) since they are to be used for:  
(State sale was made)

One Time Purchase

Blanket Certificate

Reason Code

Choose Reason Code from the grid and enter the appropriate number in the box above.

**\*If Reason Code 34, Resale:**  
Please indicate the product(s) that the resale certificate will be applicable to and provide a description of the manner in which the customer will resell the product to the end customer.

03	U.S. Government
04	State Government
11	APO/FPO Military Zip Code
20	Direct Pay Permit
25	Exempt Organization
26	Native American (Living on Reservation) or Tribe
<b>*34</b>	<b>Resale Certificate</b>
35	Agricultural Production
42	Non-Profit (501C3 or 501C4 Letter from State) - Letter of Confirmation from the State must be submitted.
43	Manufacturer/Industrial Processing
44	Local Government
45	Religious Organization
57	Foreign Diplomat
58	School (Non-Profit)
61	Urban Enterprise Zone

**Note: Due to the tax exemption being set at the order level, all items on the order must be exempt. For non-exempted items you must place a separate order.**

**Note: If you have obtained a State or Federal Notification for the exempt entity please attach it to this form.**

\*Description of Product(s) Purchased **(34)** \_\_\_\_\_

**In the event this Sales Tax Exemption Certificate is disallowed, the purchaser promises to reimburse the seller for the amount of tax involved.**

Name of Customer _____	
Street Address _____	
City/State/Zip _____	
Phone # _____	Type of exemption (farmer, hospital, gov't, etc.) _____
Print Name & Title of purchaser (manager, owner, etc.) _____	
Date Signed _____	State Sales License Number _____ -OR-
State Tax EXEMPTION Number _____	-OR- Social Security Number _____
Signature of Customer Representative _____	

Check the box if you would like the form associated with both the IBO and the Customer so that either can place an order for the Customer.

Mail completed form to:

Amway Corp.  
Customer Support, 58C-2A, BTSU  
7575 Fulton Street E  
Ada, MI 49355

OR  
Email scanned completed form to: customer.service@amway.com  
OR  
Fax to: 1-616-787-7550

NAME _____
ID # _____ (Amway IBO or Customer Number)

**PLEASE NOTE: All information fields must be completed or this form may be considered invalid.**