Vermont Sales Tax Exemption Certificate
for

PURCHASES FOR RESALE, BY EXEMPT ORGANIZATIONS, AND BY DIRECT PAY PERMIT

32 V.S.A. § 9701(5); § 9743(1)-(3); § 9745

Form S-3

To be filed with the ***SELLER,*** not with the Vermont Department of Taxes.

☐ Single Purchase - Enter Purchase Price $ _____

☒ Multiple Purchase (effective for subsequent purchases.)

BUYER

Buyer's Name: VALLEN DISTRIBUTION INC		Federal ID Number: 56-2281578
Trading as:		Telephone Number:
Address: 2100 THE OAKS PARKWAY		
City: BELMONT	State: NC	ZIP Code: 28012
Buyer's Primary Business: WHOLESALE DISTRIBUTOR		

SELLER

Seller's Name:		
Address:		
City:	State:	ZIP Code:

EXEMPTION CLAIMED

DESCRIPTION. Description of purchased articles

"INDUSTRIAL, ELECTRICAL, CONSTRUCTION AND SAFETY PRODUCTS; ALL ITEMS PURCHASED"

BASIS FOR EXEMPTION

- ☒ For resale/wholesale . . . . . Vermont Sales & Use Tax Account Number: SUT 10066800
- ☐ Purchase by 501(c)(3) organization . . . . . Vermont Account Number: _____
- ☐ Direct payment by federal or Vermont governmental unit
- ☐ Direct Pay Permit . . . . . Permit #: _____
- ☐ Purchases by 501(c)5 organization presenting fairs, field days, or festivals. . . . Events: _____
  . . . . . Dates: _____
  . . . . . Vermont Sales & Use Tax Account Number: _____
- ☐ Purchase by volunteer fire department, ambulance company, rescue squad. (Registration is not required.)

SIGNATURE

I certify that I have read and complied with the instructions provided with respect to the use of this Exemption Certificate. I further certify that the above statements are true, complete, and correct, and that no material information has been omitted.

YESENIA HERNANDEZ	TAX SPECIALIST	01/01/2024
Signature of Buyer or Authorized Agent	Title	Date

This form may be photocopied.