

# MISSISSIPPI SALES AND USE TAX CERTIFICATION

Name of Purchaser, firm or agency	
Agency ( <i>Street &amp; number, P.O. Box or Route number</i> )	Phone ( <i>Area Code and number</i> )
City, State, ZIP code	

I, the purchaser named above, claim a transfer of responsibility for payment of sales and use taxes from the following company listed below:

Seller: **ACCESSIBLE BUILDINGS CO., INC.**

Street Address: **14300 CORNERSTONE VILLAGE DRIVE, SUITE 300**

City, State, ZIP code: **HOUSTON, TX 77014**

Description of items to be purchased or on the attached order or invoice:

**PRE-ENGINEERED METAL BUILDING**

I understand that I will be liable for payment of sales or use taxes which may become due for failure to comply with the provisions of the tax code: Limited Sales, Excise, and Use Tax Act; Municipal Sales and Use Tax; Mississippi Health and Safety Code; Special Provisions Relating to Hospital Districts, Emergency Services Districts, and Emergency Services Districts in counties with a population of 125,000 or less.

Purchaser Sign Here	Title	Date
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