



Revised August 2016  
FORM 6678-DIY page 1 of 3

**D-I-Y/CONTRACTOR DISTRIBUTOR APPOINTMENT RECOMMENDATION**

*Routing: New Distributor – Salesperson/Agent –RSM – Debbie Larson – Credit – Debbie Larson – Set Up Notification*

**COMPLETED BY NEW DISTRIBUTOR (all of page 1 and continued on page 2):**

**Bill To Location**

Legal Name \_\_\_\_\_ Address \_\_\_\_\_

PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Does Business As \_\_\_\_\_

E Mail \_\_\_\_\_

WebsiteURL \_\_\_\_\_

Person Interviewed \_\_\_\_\_ Title of person interviewed \_\_\_\_\_

Top Mgmt First Name \_\_\_\_\_ Pricing First Name \_\_\_\_\_ Key First Name \_\_\_\_\_

Last Name \_\_\_\_\_ Last Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_ Email \_\_\_\_\_

Federal ID# \_\_\_\_\_ Ever filed for bankruptcy?  Yes  No

D&B# \_\_\_\_\_

**Ship To Location (1)**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Ship To Location (2)**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**LIST THREE KEY VOLUME SUPPLIERS FOR CREDIT REFERENCE:**

**Credit Reference (1)**

Name \_\_\_\_\_ Address \_\_\_\_\_

PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Credit Reference (2)**

Name \_\_\_\_\_ Address \_\_\_\_\_

PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Credit Reference (3)**

Name \_\_\_\_\_ Address \_\_\_\_\_

PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**LIST PRINCIPAL BANK:**

Name \_\_\_\_\_ Address \_\_\_\_\_

PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Acct \_\_\_\_\_ Contact Name \_\_\_\_\_

**Distributor Representative Signature** \_\_\_\_\_

**Describe Kind of Business** \_\_\_\_\_

**Number of Salespeople:** Full Time  Part Time

Annual Norton Sales if this distributor is appointed \$ \_\_\_\_\_

**What Brands now handling?**

Sandpaper \_\_\_\_\_ Floor Pads \_\_\_\_\_ Cut-off \_\_\_\_\_  
 Safety \_\_\_\_\_ Stones \_\_\_\_\_ Other \_\_\_\_\_

**Indicate which buying group(s) you are a member of?**

**UNITED STATES**

Allied Buying Corp (ABC)	Allpro Corporation (ALP)	Builder Marts of America (BMA)
Distribution America (DAG)	Distribution Partners of America (DPA)	Mid-States (MST)
Nissco (NIS)	Pro Group (PRO)	Reliable Hardware Wholesale (REL)
The United Group (TUG)	Val-test Inc (VAL)	ADD OTHER

**COMPLETED BY SALESPERSON:**

**Recommended Trade Class**

FAR	MAS	DRY	FSD	FSF	FSW	GEN	HWD
Farm Supply Chains MSS 3112 Price Code G20 Canada G24	Mass Merchandiser MSS 3107 Price Code G22 Canada G24	Drywall & Masonry MSS 3111 Price Code G02 Canada G24	Food Service Dealer MSS 3115 Price Code G22 Canada G24	Hardwood Floor/ Floor Supply Distributor MSS 3108 Price Code G04 Canada G24	Food Service Wholesale Distributor MSS 3115 Price Code G22 Canada G24	General Merchandiser MSS 3107 Price Code G22 Canada G24	Hardware Wholesale Distributor MSS 3103 Price Code G22 Canada G24

PCD	PCW	PSD	PSW	REN	SPR	SPW	WWG
Floor Maintenance Distributor MSS 3114 Price Code G27 Canada G24	Floor Maintenance Wholesale Distributor MSS 3113 Price Code G27 Canada G24	Paint Retailer MSS 3106 Price Code G22 Canada G24	Paint Sundry Wholesale Distributor MSS 3105 Price Code G22 Canada G24	Rental Market Distributor MSS 3201 Price Code G22 Canada G24	Sporting Goods Retail MSS 3121 Price Code G22 Canada G24	Sporting Goods Wholesale Distributor MSS 3121 Price Code G22 Canada G24	Woodworking Cabinet MSS 3109 Price Code G05 Canada G24

**Other Comments:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Account Representative <b>email accepted</b>	Territory #	<input type="text"/>	Date
Regional Sales Manager <b>email accepted</b>	Region #	<input type="text"/>	Date



## **GENERAL RESALE CERTIFICATE – SPECIFIC BY STATE**

We cannot accept the blank sales tax exemption certificate - each state has developed their own certificate. In addition, the certificates have to be COMPLETELY filled out; otherwise, they will be rejected. Please have your customer provide the certificate to us completely filled out if they do not want sales tax to be included on our invoices to them. These certificates need to be made out to SAINT-GOBAIN ABRASIVES, INC.

**For Certificate Questions, please contact:**

**Ethan Collik**

**Sales Tax Administrator**

Saint-Gobain Corporation

20 Moores Road

Malvern, PA 19355

Phone: (610) 893-5879

Email: [Ethan.Collik@Saint-Gobain.com](mailto:Ethan.Collik@Saint-Gobain.com)



Dear Saint-Gobain Abrasives, Inc. customer,

All new Saint-Gobain Abrasives, Inc. customers that wish to purchase tax exempt must provide a valid sales tax exemption or resale certificate for the states that goods will be shipped to.

As a purchaser, please use the attached correct exemption certificates that apply to your company.

Complete it thoroughly before returning it to your Norton Sales Rep.

What exemption certificate to use?

- Multi-jurisdictional works for all states EXCEPT (FL, NY, LA, MA, and IN)
- Streamline Exemption can be used for any states listed on the second page.
- FL, NY, LA, MA - We need your actual certificate.

The exemption certificate must include all the following:

- the date it was prepared
- the purchaser's name and address;
- the identification number or whichever number is used to file your sales and use tax return;
- description of your business;
- the purchaser's signature, or an authorized representative's signature; and
- any other information required by that particular certificate.

Failure to execute and return the certificate immediately; will result in the billing of sales tax on all purchases.

\*If you are NOT claiming exemption from sales tax — please sign and return the form called "Taxable Status Notification".

Thank you for your cooperation,

Rusty Kirchner  
Manager, Customer Service Network, NA  
Saint-Gobain Abrasives

## UNIFORM SALES & USE TAX EXEMPTION/RESALE CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax, subject to the notes on pages 2–4. The issuer and the recipient have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: Saint-Gobain

Address: 20 Moores Rd Malvern, PA 193555

I certify that:

Name of Firm (Buyer): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

is engaged as a registered

Wholesaler

Retailer

Manufacturer

Seller (California)

Lessor (see notes on pages 2–4)

Other (Specify) \_\_\_\_\_

and is registered with the below-listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, or ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) selling (California) the following:

Description of Business: \_\_\_\_\_

General description of tangible property or taxable services to be purchased from the Seller: Abrasive Products

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL <sup>1</sup>		MO <sup>16</sup>	
AR		NE <sup>17</sup>	
AZ <sup>2</sup>		NV	
CA <sup>3</sup>		NJ	
CO <sup>4</sup>		NM <sup>4,18</sup>	
CT <sup>5</sup>		NC <sup>19</sup>	
DC <sup>6</sup>		ND	
FL <sup>7</sup>	cannot use this form for FL	OH <sup>20</sup>	
GA <sup>8</sup>		OK <sup>21</sup>	
HI <sup>4,9</sup>		PA <sup>22</sup>	
ID		RI <sup>23</sup>	
IL <sup>4,10</sup>		SC	
IA		SD <sup>24</sup>	
KS		TN	
KY <sup>11</sup>		TX <sup>25</sup>	
ME <sup>12</sup>		UT	
MD <sup>13</sup>		VT	
MI <sup>14</sup>		WA <sup>26</sup>	
MN <sup>15</sup>		WI <sup>27</sup>	

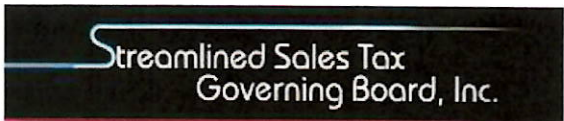
I further certify that if any property or service so purchased tax free is used or consumed as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller for added tax billing. This certificate shall be a part of each order that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by thee city or state.

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: \_\_\_\_\_  
(Owner, Partner, or Corporate Officer, or other authorized signer)

Title: \_\_\_\_\_

Date: \_\_\_\_\_



Customer #

# Streamlined Sales Tax Agreement Certificate of Exemption

100 Majestic Drive, Suite 400, Westby, WI 54667

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possible civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

- 1.  Check if you are attaching the **Multistate Supplemental form**.  
 If not, enter the two-letter abbreviation for the state under whose laws you are claiming exemption.
- 2.  Check if this certificate is for a **Single Purchase Certificate**. Enter the related invoice/purchase order # \_\_\_\_\_

3. A. Name of purchaser \_\_\_\_\_

B. Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

C. Purchaser's tax ID number \_\_\_\_\_ State of Issue \_\_\_\_\_ County of Issue \_\_\_\_\_

D. If no tax ID number, enter one of the following: FEIN \_\_\_\_\_

E. Driver's License Number/State Issued ID number \_\_\_\_\_ State of Issue \_\_\_\_\_

F. Foreign diplomat number \_\_\_\_\_

G. Name of seller from whom you are purchasing, leasing or renting  
Saint Gobain Abrasives, Inc.

H. Seller's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
20 Moores Road Malvern PA 19355

Print or type

4. Purchaser's Type of business. Circle the number that best describes your business.

<input type="checkbox"/> 01 Accommodation and food services	<input type="checkbox"/> 11 Transportation and warehousing
<input type="checkbox"/> 02 Agriculture, forestry, fishing, hunting	<input type="checkbox"/> 12 Utilities
<input type="checkbox"/> 03 Construction	<input type="checkbox"/> 13 Wholesale trade
<input type="checkbox"/> 04 Finance and insurance	<input type="checkbox"/> 14 Business services
<input type="checkbox"/> 05 Information, publishing and communications	<input type="checkbox"/> 15 Professional services
<input type="checkbox"/> 06 Manufacturing	<input type="checkbox"/> 16 Education and health-care services
<input type="checkbox"/> 07 Mining	<input type="checkbox"/> 17 Nonprofit organization
<input type="checkbox"/> 08 Real estate	<input type="checkbox"/> 18 Government
<input type="checkbox"/> 09 Rental and leasing	<input type="checkbox"/> 19 Not a business
<input type="checkbox"/> 10 Retail trade	<input type="checkbox"/> 20 Other (explain) _____

Circle type of business

5. Reason for exemption. Circle the letter that identifies the reason for the exemption.

A <input type="checkbox"/> Federal government (Department) _____	H <input type="checkbox"/> Agricultural Production # _____
B <input type="checkbox"/> State or local government (Name) _____	I <input type="checkbox"/> Industrial production/manufacturing # _____
C <input type="checkbox"/> Tribal government (Name) _____	J <input type="checkbox"/> Direct pay permit # _____
D <input type="checkbox"/> Foreign diplomat # _____	K <input type="checkbox"/> Direct Mail # _____
E <input type="checkbox"/> Charitable organization # _____	L <input type="checkbox"/> Other (Explain) _____
F <input type="checkbox"/> Religious organization # _____	
G <input type="checkbox"/> Resale # _____	M <input type="checkbox"/> Educational Organization # _____

Circle or check reason for exemption

6. Sign here *I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.*

Signature of authorized purchaser \_\_\_\_\_ Print name here \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Streamlined Sales and Use Tax Agreement**

**Certificate of Exemption - Multi-state Supplemental**

Name of Purchaser

State	Reason for exemption	Identification number (if required)
AR		
IA		
IN		
KS		
KY		
MI		
MN		
NC		
ND		
NE		
NJ		
NV		
OH		
RI		
OK		
SD		
TN		
UT		
VT		
WA		
WI		
WV		
WY		

*SSUTA Direct Mail provisions are not in effect for Tennessee.*

The following nonmember states will accept this certificate for exemption claims that are valid in their respective state. SSUTA Direct Mail provisions do not apply in these states.

State	Reason for exemption	Identification number (if required)
XX		
XX		
XX		
XX		
XX		

**TAXABLE STATUS NOTIFICATION**

To: Saint-Gobain Abrasives, Inc.  
(Name of Seller)

20 Moores Road Attn: Sales Tax Dept. Malvern, PA 19365  
(Address, City, State, Zip)

Our purchases are taxable for the following reason:

- My tax status has changed and I wish to be taxed on all future purchases.
- The business is no longer buying goods, please remove me from future requests.
- The business has ceased operation, please remove me from future requests.

From: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name of purchaser)

\_\_\_\_\_  
(Address, City, State, Zip)

I certify I am authorized to sign this Taxable Status Notification and that, to the best of my knowledge and belief, it is true and correct and made in good faith.

By: \_\_\_\_\_ Title: \_\_\_\_\_  
(Signature)