Customer Name	Graham Who	olesale LLC Employee
ontinuous Certificate of Exemption	This form mu	st be completed in its entirety to be valid exen
archasers are responsible for knowing if they qua herwise be due tax on this sale. The seller may b ta elements required on the form) to a state that	alify to claim exe be required to pro- would otherwise	mption from tax in the state that w vide this exemption certificate (or be due tax on this sale.
he purchaser will be held liable for any tax an apposed by the member state, if the purchaser	d interest, and p is not eligible to	oossibly civil and criminal penalt claim this exemption.
ease print - Complete name, address, reason for	exemption and s	signature is required.
Name of Purchaser		
Business Address		
City	State	Zip Code
Phone Number (Optional)		Craham Whalasala I I C
eason for exemption. Circle the letter that ident our assigned ID# on the line. A. Resale #	ifies the reason fo	or the exemption and if applicable,
eason for exemption. Circle the letter that ident our assigned ID# on the line. A. Resale #	ifies the reason fo	or the exemption and if applicable,
Reason for exemption. Circle the letter that ident our assigned ID# on the line. A. Resale #	ifies the reason for	or the exemption and if applicable,

 $\textbf{Send Completed Form To:} \ Graham \ Wholesale \ LLC \ - Email \ to \ sales@graham wholesale.com$