

Attention: \_\_\_\_\_

**Carrie Amber Intimates, Inc.**



9401 Whitmore Street, El Monte, CA 91731  
Tel: 626-371-1980 Fax: 626-288-2670  
Email: sales@carrieamber.com

# Resale Certificate

**ALL CALIFORNIA BUSINESSES MUST SEND IN THIS FORM**

**I HEREBY CERTIFY:**

1. I hold valid seller's permit number: \_\_\_\_\_

2. I am engaged in the business of selling the following type of tangible personal property:  
\_\_\_\_\_

3. This certificate is for the purchase from Carrie Amber Intimates, Inc. of the item(s) I have listed in paragraph 5 below.

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale:

Bras, Panties, Girdles, Camis, Boy Shorts, Pajamas, Chemises, Bustiers, Babydolls, Shapewears, Teddies, Tutus, Petticoats, Garters, Skirts and Costumes

6. I have read and understand the following:

**For Your Information:** A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500.00, whichever is more.

Name of Purchaser (Company Name): \_\_\_\_\_ DBA: \_\_\_\_\_

Signature of Purchaser, Purchaser's Employee or Authorized Representative: \_\_\_\_\_

Printed Name of Person Signing: \_\_\_\_\_ Title: \_\_\_\_\_

Address of Purchaser (Company Address): \_\_\_\_\_

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

Tel #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

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