

State of New Jersey
DIVISION OF TAXATION
SALES TAX

Form ST-3NR

RESALE CERTIFICATE FOR NON-NEW JERSEY VENDORS

For use **ONLY** by out-of-state vendors not required to be registered in New Jersey

THIS FORM IS NOT VALID UNLESS COMPLETED IN ITS ENTIRETY.

Please read and comply with instructions on both sides of this certificate.

SELLER

Name Taida Orchids Inc

Address 459 Foothill Rd, Bridgewater, NJ 08807

New Jersey Tax Registration Number 20-2508929

PURCHASER

Name _____

Business Location _____

State(s) of Registration _____

Out-of-State Registration Number(s) _____

Type of Business (e.g., retailer, wholesaler, manufacturer, repair shop) _____

Description of Item(s) Sold, Serviced or Leased: _____

Description of Item(s) Purchased: _____

This merchandise or service is being purchased for (check applicable item)

- Resale in its present form
- Resale as a physical component of a product produced or repaired by the buyer
- Lease (outside New Jersey)

The purchaser certifies it has no place of business, employees, independent contractors, service activities, or leased tangible personal property in New Jersey, is not required to be registered with the New Jersey Division of Taxation, and in fact is not registered with the New Jersey Division of Taxation.

The purchaser further certifies that if any property purchased tax free is used or consumed by the firm in New Jersey making it subject to New Jersey sales and use tax, the purchaser will pay the proper tax to the Division of Taxation.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct to the best of my knowledge.

Authorized Signature _____

(Owner, Partner, Corporate Officer)

Title _____ Date _____

Address _____

This section MUST be completed when purchaser takes delivery of goods in New Jersey:

Signature of person taking delivery (if different from above) . . . _____

Identification Type of ID: _____

(e.g., driver's license, credit card with photograph) Number: _____