



For Office Use
Customer Acct # _____
Entered <input type="checkbox"/>

Dear Customer:

In order to keep our files in accordance with the Illinois Department of Revenue requirements, we must ask you to provide your state resale number to us in the space provided below.

We appreciate your continued support.

Thank you,

Aaura, Inc.

Certificate of Resale

TO: AAURA, INC.

The undersigned hereby certifies that all tangible personal property purchased is for purposes of resale, and assumes liability for payment of Retailers' Occupation Tax, Service Occupation Tax or Use Tax with respect to receipts from the sale of this property to users or consumers.

This certificate shall be considered a part of each order that we shall give, unless such order specifies otherwise.

Customer: _____

Address: _____

City, State, Zip: _____ **Telephone:** _____

Signature (authorized agent): _____ **Date:** _____

State Resale Certificate Number: _____

800-345-4445
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