

Virginia Account

Name of Purchaser _____ No., if any _____

Trading as _____

Address _____
Number and Street or Rural Route City, Town, or Post Office State ZIP Code

Kind of business engaged in by purchaser _____

I certify that I am authorized to sign this Certificate of Exemption and that, to the best of my knowledge and belief, it is true and correct, made in good faith, pursuant to the Virginia Retail Sales and Use Tax Act.

By _____ Title _____

If the purchaser is a corporation, an officer of the corporation or other person authorized to sign on behalf of the corporation must sign; if a partnership, one partner must sign; if an unincorporated association, a member must sign; if a sole proprietorship, the proprietor must sign.