## Maui Jim USA, Inc. — Sales Tax Certificate of Exemption

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the state, if the purchaser is not eligible to claim this exemption.

**1.** **Please print**

Name of purchaser

Business Address | City | State | Zip Code

Purchaser's Sales Tax ID Number | State of Issue | Expiration Date

Name of seller from whom you are purchasing, leasing or renting

**MAUI JIM USA, INC.**

| Seller's address | City | State | Zip code |
|---|---|---|---|
| **ONE ALOHA LANE** | **PEORIA** | **IL** | **61615** |

**2.** Taxable Status:

| | | |
|---|---|---|
| General Merchandise (all items ***except*** RX sunglasses) | ☐ Taxable | ☐ Exempt |
| RX Sunglasses | ☐ Taxable | ☐ Exempt |

***If taxable is checked on both lines above, skip lines 3 through 6 and sign on line 7. Otherwise, continue to line 3.***

**3.** ☐☐ Enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.

**4.** ☐ Check if the information on this certificate is effective for ALL current and future purchases from Maui Jim USA, Inc. (If not checked, a separate exemption form must be completed for each purchase.)

**5.** **Type of business.** Circle the letter that describes your organization.

- **A** Optical
- **B** Retail (excluding optical)
- **C** Nonprofit organization
- **D** Government
- **E** Not a business
- **F** Other (*explain)*_____

**6.** **Reason for exemption.** Circle the letter that identifies the reason for the exemption.

- **A** Resale
- **B** Charitable organization #_____
- **C** Religious or educational organization #_____
- **D** Federal government *(department)*_____
- **E** State or local government *(name)*_____
- **F** Direct pay permit #_____
- **G** Other *(explain)*_____

**7.** **Sign here.** *I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.*

**Signature of Authorized Purchaser** | **Print Name Here** | **Title** | **Date**

**MJ USA ACCOUNT NUMBER** _____