

Attn: Credit Department

Fax Number: (212) 807-2030

State of \_\_\_\_\_ and Local Sales and Use Tax

Resale Certificate

|                          |       |          |                                                         |
|--------------------------|-------|----------|---------------------------------------------------------|
| Name of Seller or Lessor |       |          | Date                                                    |
| Frederick Goldman, Inc.  |       |          |                                                         |
| Street Address           |       |          |                                                         |
| 55 Hartz Way             |       |          | <input checked="" type="checkbox"/> Blanket Certificate |
| City                     | State | ZIP code |                                                         |
| Secaucus                 | NJ    | 07094    |                                                         |

I, the undersigned, hereby certify that:

- ☒ I have been issued a *Certificate of Authority* by the State of \_\_\_\_\_ ,  
# \_\_\_\_\_ (enter your state tax vendor identification number) to collect  
\_\_\_\_\_ (State) and local sales and use tax, and that this *Certificate of Authority* has not expired  
and has not been suspended or revoked.
- ☒ I am principally engaged in (indicate nature of business) Jewelry
- ☒ I am purchasing a service for resale.

I understand that this certificate **may not** be used to make tax-free purchases of items or services that are not for resale. I understand also that I will pay the use tax on tangible personal property or services purchased pursuant to this certificate and subsequently used or consumed by me in a taxable manner. I understand that I will incur tax liabilities, plus penalties and interest, for any misuse of this certificate.

|                                                                            |       |          |
|----------------------------------------------------------------------------|-------|----------|
| Name of purchaser or Lessee (as indicated on the certificate of authority) |       |          |
| Street Address                                                             |       |          |
| City                                                                       | State | Zip Code |
| Signature of Owner, Partner, Officer of Corporation, etc.                  |       |          |
| Title                                                                      |       |          |