RESALE APPLICATION

Dear Healthcare Practitioners of California,

Evergreen Herbs is required to collect sales tax for all items sold to customers.

If you have a seller's permit, please fill out the form below and return it to us with a copy of your seller's permit. We must have this form completed and returned to us in order to not charge sales tax in your account. Just a copy of your seller's permit is not sufficient.

For #3 and #5, please enter "herbal and dietary supplements," and for #4 please enter "Evergreen Herbs & Medical Supplies, LLC."

If you do not have a seller's permit, you may apply for one online. For more information, please visit California Department of Tax and Fee Administration's website at https://www.cdtfa.ca.gov/taxes-and-fees/faqseller.htm. If you choose not to apply for a seller's permit, we will have to charge you sales tax.

Please feel free to call us if you should have any questions and/or comments. Your assistance and cooperation is greatly appreciated. Thank you very much.

Sincerely,

Evergreen Herbs and Medical Supplies, LLC
17431 East Gale Ave. City of Industry, CA 91748
Website: www.evherbs.com; E-mail: sales@evherbs.com
Tel: (626) 810-5530; Fax: (626) 810-5534

Please fill out this form below and return it to us. Thank you!

FIRM NAME ①_____

I HEREBY CERTIFY, that I hold valid seller's permit No. ②_____ issued pursuant to the Sales and Use Tax law;

that I am engaged in the business of selling ③_____

that the tangible personal property described herein which I shall purchase from: ④_____

will be resold by me in the form of tangible personal property; PROVIDED, however that in the event any of such property is used for any purpose

other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the

Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased: ⑤_____

_____

Date: _____ 20_____ Signature: _____

at: _____ By and Title: _____

Phone: _____ Address: _____