

Business name: _____ Legal Name: _____
 Corporation Subsidiary Partnership Sole Proprietor Other Parent Co _____
 Principal(s) name(s): _____ Accounting Contact: _____
 Address: _____ City, State _____ Zip _____
 Billing Address: _____ City, State _____ Zip _____
 Fed ID#: _____ Social Security #: _____ Yrs In Bus _____
 Tel #: _____ Fax #: _____
 URL: _____ D&B #: _____
 # of Employees _____ Annual Revenue _____ History of Bankruptcy No Yes Date _____

Trade references

1

Name _____ Acct # _____
 Address: _____ City, State _____ Zip _____
 Telephone # _____ Fax _____
 Contact name _____

Name _____ Acct # _____
 Address: _____ City, State _____ Zip _____
 Telephone # _____ Fax _____
 Contact name _____

Name _____ Acct # _____
 Address: _____ City, State _____ Zip _____
 Telephone # _____ Fax _____
 Contact name _____

Bank Reference

Name _____ Checking Acct # _____
 Address _____ Savings Acct. # _____
 City, State _____ Zip _____ Loan Acct # _____
 Telephone # _____ Fax _____
 Contact name _____

Lease line Reference

Name _____ Acct # _____
 Address: _____ City, State _____ Zip _____
 Telephone # _____ Fax _____
 Account Manager _____

I certify that the information is true and agree to be financially responsible for the obligations incurred.
 I authorize the release of financial information to Shoreline Communications, Inc. for the purpose of extending credit.

 Authorized Signature

 Date

 Print Name

 Title

PENNSYLVANIA EXEMPTION CERTIFICATE

CHECK ONE:

- LOCAL AND/OR STATE AND LOCAL SALES AND USE TAX
- LOCAL AND/OR STATE AND LOCAL HOTEL OCCUPANCY TAX
- PUBLIC TRANSPORTATION ASSISTANCE TAXES AND FEES (PTA)

This form cannot be used to obtain a Sales Tax License Number, PTA License Number or Exempt Status.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF BUSINESS TRUST FUND TAXES
DEPT 280901
HARRISBURG, PA 17128-0901

**Read Instructions
On Reverse Carefully**

(Please Print or Type)

THIS FORM MAY BE PHOTOCOPIED - VOID UNLESS COMPLETE INFORMATION IS SUPPLIED

CHECK ONE: <input type="checkbox"/> PENNSYLVANIA TAX UNIT EXEMPTION CERTIFICATE (USE FOR ONE TRANSACTION)			
<input type="checkbox"/> PENNSYLVANIA TAX BLANKET EXEMPTION CERTIFICATE (USE FOR MULTIPLE TRANSACTIONS)			
Name of Seller or Lessor _____			
Street _____	City _____	State _____	Zip Code _____
Property and services purchased or leased using this certificate are exempt from tax because: (Select the appropriate paragraph from the back of this form, check the corresponding block below and insert information requested.)			
<input type="checkbox"/> 1. Property or services will be used directly by purchaser in performing purchaser's operation of: _____			
<input type="checkbox"/> 2. Purchaser is a/an: _____			
<input type="checkbox"/> 3. Property will be resold under License Number _____. (If purchaser does not have a PA Sales Tax License Number, include a statement under Number 7 explaining why a number is not required.)			
<input type="checkbox"/> 4. Purchaser is a/an: _____ holding Exemption Number _____			
<input type="checkbox"/> 5. Property and/or services will be used directly by purchaser performing a public utility service. (Complete Part 5 on Reverse.)			
<input type="checkbox"/> 6. Exempt wrapping supplies, License Number _____. (If purchaser does not have a PA Sales Tax License Number, include a statement under Number 7 explaining why a number is not required.)			
<input type="checkbox"/> 7. Other _____ (Explain in detail. Additional space on reverse side.)			
I am authorized to execute this Certificate and claim this exemption. Misuse of this Certificate by seller, lessor, buyer, lessee, or their representative is punishable by fine and imprisonment.			
Name of Purchaser or Lessee _____		Signature _____	
Street Address _____	City _____	State _____	Zip Code _____

1. ACCEPTANCE AND VALIDITY:

For this certificate to be valid, the seller/lessor must exercise good faith in accepting this certificate, which includes: (1) the certificate must be completed properly; (2) the certificate must be in the seller/lessor's possession within sixty days from the date of sale/lease; (3) the certificate does not contain information which is knowingly false; and (4) the property or service is consistent with the exemption to which the customer is entitled. For more information, refer to Regulation 200, Exemption Certificates (Title 61 PA Code §32.2). An invalid certificate may subject the seller/lessor to the tax.

2. REPRODUCTION OF FORM:

This form may be reproduced but must contain the same information as appears on this form.

3. RETENTION

The seller or lessor must retain this certificate for at least four years from the date of the exempt sale to which the certificate applies. **DO NOT RETURN THIS FORM TO THE PA DEPARTMENT OF REVENUE.**

4. EXEMPT ORGANIZATIONS:

This form may be used in conjunction with form REV-1715, Exempt Organization Declaration of Sales Tax Exemption, when a purchase of \$200 or more is made by an organization which is registered with the PA Department of Revenue as an exempt organization. These organizations are assigned an exemption number, the first two digits of this number begin with 75 (example 75-00000-0).