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 sales@krjohnson.com

 Toll-Free
 800-255-0298

 Fax
 913-599-5108

krjohnson.com

EMAIL THE COMPLETED FORM TO SALES@KRJOHNSON.COM OR FAX TO 913-599-5108.

| COMPANY NAME & ADDRESS | Name | | | | |
|---|--|-------------------------|-------|-----|-------------|
| | Address | City | State | Zip | CR |
| | Phone # | Fax# | | | CREDIT |
| | Years Business Established | Dunn & Bradstreet | # | | |
| | Officer/Owner | Title | | | P |
| BILLING ADDRESS (If Different) | Name | | | | APPLICATION |
| | Address | City | State | Zip | 5 |
| | Phone # | Fax# | | | |
| | Corp. Partnership Sole Pro | op. Est. Hydraulic Usag | je \$ | | |
| | Email for Purchasing | Email for Accountin | 9 | | |
| | | | | | |
| | Bank ———————————————————————————————————— | Account # | | | |
| | Address | City | State | Zip | - |
| | Phone # | Fax# | | | |
| | Creditor 2 | | | | 刀 |
| | Address | City | State | Zip | 册 |
| | Phone # | Fax# | | | 罗 |
| | Creditor 3 | | | | |
| | Address | City | State | Zip | REFERENCE |
| | Phone # | Fax# | | | S |
| | Creditor 4 | | | | |
| | Address | City | State | Zip | |
| | Phone # | Fax# | | | |
| | | | | | |
| KANSAS DEPARTMENT OF REVENUE, DIVISION OF TAXATION Sales Tax Exemption Certificate Multi Juristiction | Wholesaler Retailer Manu | ufacturer Lessor Oth | er | | S |
| | I am in business of wholesaling, retailing, manufacturing, leasing (renting) the following: | | | g: | |
| | City or State State Registration # or ID # | | | | ES . |
| | Under penalties of perjury, I swear of affirm that the information on this form is true and correct as to every material manner. | | | | SALES TAX |
| | Name of Authorized Party Completing Application | | | | |