

# General Auto Parts, LLC

715 Kennon Rd. Rockford, IL 61109

815 484-5288

Fax To: 815 986-0772

## Certificate of Resale

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Owner: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that all materials, merchandise, or goods purchased by the undersigned from General Auto Parts, 715 Kennon Rd. Rockford, IL 61109 after May 1<sup>st</sup>, 2011 are purchased for the following purpose:

### Complete the information below. Check only one box.

The purchaser is registered as a retailer with the Illinois Department of Revenue

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Registration Number

The purchaser is registered as a reseller with the Illinois Department of Revenue.

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Resale Number

The purchaser is authorized to do business out of state and will resell and deliver properly only to purchasers located outside the state of Illinois.

### Complete the information below. Check only one box.

I am the identified purchaser, and I certify that all of the purchases that I make from this seller are for resale.

I am the identified purchaser, and I certify that the following percentage \_\_\_\_%, of all the purchases that I make from this seller are for resale.

This certificate shall be considered a part of each order which we shall give provided such order contains our license number.

This certificate is to continue in force until revoked.

Purchaser Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

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Office Use

Verified initial: \_\_\_\_\_ Date: \_\_\_\_\_