



7 GLOBAL DISTRIBUTION

Name of Seller: 7 Global Distribution
Address of Seller: 6525 South Bruce Street
Las Vegas, NV 89119

Name of Purchaser _____

DBA _____

Address of Purchaser _____

Tel _____

Fax _____

eMail Address: _____

I hereby certify:



That I hold a valid sellers permit, No. _____ issued by the State of _____ (Please use reverse for multi-state seller's numbers) pursuant to the Sales & Use tax:



That I am engaged in the business of selling _____.



That the tangible personal property described herein which I shall purchase from Ideal Tobacco Wholesale, Inc., will be resold by me in the form of tangible retail property, provided, however, that in the event any such property is used for any purpose other than for sale in the regular course of business, it is understood that I am required by the Sales & Use Tax Law to report and pay tax, measured by the purchase price of such property or other authorized amount.



Description of Property to be purchased _____.



I acknowledge that the misuse of the resale privilege claimed by use of this certificate subject to the purchaser penalty, in addition to the tax, interest and any other fines imposed by law.

State _____ OTP/Tobacco Lic # _____

Date _____ Signature _____

Print Name and Title _____

Please return or FAX to (702)777-0009

Please provide a copy of your OTP License

Any questions, please call (702)777-0008 or email tsharp@7globaldistribution.com