



Customer Contact Form

**Thank you for your business! Please fill out the information below
so we may update our records.**

Business Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Business Owner: _____

Authorized Purchaser (if not the owner): _____

E-Mail: _____

Please leave an email address as we send out our pricing this way.

Do you currently have credit with us? Yes No

If no, would you like to apply? Yes No

If you do not have credit with us, you must pay at the time of pick up.

**Please fill out the Iowa Sales Tax Exemption Certificate on the back page if applicable. If we
do not have a current Tax I.D. number on file, you will be charged tax on your invoice.**

Authorized Agent (Please print)

Signature

Date

This document is to be completed by a purchaser when claiming exemption from sales/use/excise tax. Certificates are valid for up to three years.

Purchaser legal name: _____

Seller legal name: _____

Doing business as: _____

Doing business as: _____

Address: _____

Address: _____

City: _____ State: _____ ZIP: _____

City: _____ State: _____ ZIP: _____

General nature of business: _____

Phone number: _____

Purchaser is doing business as:

- Retailer
- Permit number (if required): _____
- Retailer car dealer
- Enter your DOT number: _____
- Governmental agency (including public schools)
- Wholesaler
- Farmer
- Lessor
- Manufacturer
- Nonprofit hospital
- Private nonprofit educational institution
- Qualifying residential care facility
- Nonprofit museum
- Commercial enterprise
- Nonprofit food bank
- Other _____

Purchaser is claiming exemption for the following reason:

- Resale Leasing Processing
- Qualifying farm machinery/equipment
- Qualifying farm replacement parts
- Qualifying manufacturing machinery/equipment
- Research and development equipment
- Pollution control equipment
- Recycling equipment
- Qualifying computer or computer peripheral
- Qualifying replacement parts/supplies (manufacturing, research & development, pollution control, recycling, computer)
- Qualifying computer software, specified digital products and digital services
- Grain bins and replacement parts
- Other _____
- Direct pay Permit number required: _____
- Permit: _____

Description of purchase (Include additional information if necessary):

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this certificate, and, to the best of my knowledge and belief, it is true, correct, and complete.

Signature of purchaser: _____

Title: _____ Date: _____

Seller: Keep this certificate in your files.

Purchaser: Keep a copy of this certificate for your records.

Do not send to the Iowa Department of Revenue