** **Internal-Date Updated: ------/------/-----------**

**ASI Rep Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Account Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If we will EVER ship to you within Illinois and you are NOT TO BE TAXED, complete this certificate or you will be charged non-refundable tax. IL BLANKET TAX STATEMENT IL1-B To: AUDIO SUPPLY, INC.**

From(Your name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Your company):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/Zip: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fx:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1st name & Birthday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, undersigned, hereby certify the Purchaser, identified above, has an Illinois Certificate of Registration to collect Illinois Retailer Tax, Service Occupation Tax & Use Tax or otherwise, that this Certificate is valid & current.

I further certify that all merchandise, goods, & services bought from Audio Supply, Inc. are for resale to customers.

I also certify that we will self-assess & pay proper Illinois tax on any merchandise, goods or services purchased from Audio Supply, Inc. that are subsequently used or consumed in a taxable manner. In addition, I understand that we will be liable for the tax due, plus penalties & interest, for any misuse of the Illinois Blanket Tax Statement.

**Only the following individuals are authorized to complete & sign this Statement for the Purchaser:**

**If Purchaser is a Corporation: Corporate Officer Partnership: Partner Proprietorship- Owner**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Purchaser’s Illinois Certificate of Registration #)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print Name of Officer, Partner, Owner)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Title- Corporation Officer’s Title or “Partner” or “Owner”)

Fill above out completely. Attach a copy of your Government Issued Registration. Attach Form CRT-61.

**If this form does not apply to you, initial below explaining why & sign the bottom portion of this form:**

**Out of IL State, Tax does not apply:\_\_\_\_\_\_\_\_\_\_\_\_\_We are Taxable in the State of\_\_\_\_\_\_\_\_:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Effective Date of this Certificate- Date of first agreement with ASI)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature of Corporate Officer, Partner or Owner)

**Send Forms Via: Fax 847/549-6089 E** [**Accounting@audiosupply.com**](mailto:Accounting@audiosupply.com) **Mail 1367 Wilhelm Rd Mundelein IL 60060**

**You are responsible & taking liability for keeping Audio Supply updated regarding Reseller Status & Registration. 0116LM**