

11125 Knott Ave Suite D. Cypress, CA 90630 Tel:855.646.9500 / Fax:562.612.7265 www.kahunachair.com www.kahunachairusa.com

Sales and Use Tax Resale Certificate

Please fax a copy of valid seller's permit with this form

Ticase tax a ee	ppy or valid scher's permit	t with this form	
Name of purchaser, firm, or agency as shown on permit :			
Address:	_		
City:	State:		ZIP Code:
Phone (area code and number):			
Sales and Use Tax Permit Number:			
State:			
I, the purchaser named above, claim the right to make a non-taxable purchase (for resale of the taxable items described below or on the attached order or invoice) from:			
Seller: KAHUNA CHAIR USA			
Address: 11125 Knott Ave Suite D			
City: Cypress	State: CA		ZIP Code: 90630
Description of items to be purchased on the a	ttached order or invoice	:	
Kahuna Massage Chair			
Description of the type of business activity generally engaged in or type of items normally sold by the purchaser:			
The taxable items described above, or on the attached order or invoice, will be resold, rented or leases by me within the geographical limits of the United States of America, its territories and possessions or within the geographical limits of the United Mexican States, in their present form or attached to other taxable items to be sold. I understand that if I make any use of the items other than retention, demonstration or display while holding them for sale, lease or rental, I must pay sales tax on the item at the time of use based upon either the purchase price or the fair market rental value for the period of time used. I understand that it is a criminal offense to give a resale certificate to the seller for taxable items that I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease or rental, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.			
SIGNATURES (PRINT & SIGN BELOW)			
Purchaser Name:		Title:	
Signature:			
Date:			