



**NON-TAX
ACCOUNT APPLICATION**

Business Name: _____ Date: _____

Physical Address: _____

Phone Number: _____ Fax Number: _____

Type of Business: _____ Federal ID#: _____

Non-Tax Qualification; (please check one)

Wholesaler Retailer Manufacturer Charitable or Religious

Government Agency Non-Profit Other _____

****If you are requesting a Non-Tax account, please attach a copy of your non-profit tax ID, or your sales tax certificate.**

Person requesting a Non-Tax Account

Signature: _____

Title: _____ Print Name: _____