



Boulder Vapor House
1155 13th Street, Unit B
Boulder, CO 80302

Business Name (Purchaser): _____

Trade Name of Business (DBA): _____

Contact (First/Last Name): _____

Phone: _____ Other Phone: _____

Contact Email: _____

Physical Business Address (NOT a PO Box):

Mailing Address:

The above named purchaser is a: **Retailer** **Wholesaler** **Manufacturer**

Other (Please explain):

Engaged in the business of selling the following:

State of Colorado Retailer and/or Wholesalers License Number (required for approval):

(Please include photocopy of sales tax license/permit)

General description of property to be purchased for resale exempt purpose(s):

I hereby certify the following:

- **The information given by me on this Resale Certificate is true and complete.**
- **I am an owner, partner, member, corporate officer or other person authorized to sign this Resale Certificate on behalf of this business.**

Signature of Authorized Person:

Date:

Printed Name (First/Last Name):

Title: