

15540 Lanark Street • Van Nuys CA 91406 p (818) 785-7019 • f (818) 785-7528

www.wgsonline.com

New Customer Form

Company Name		D/B/A	
Address	City	State _	Zip
Phone #	ne #		
Estimated Monthly Purchases	Products to be Purchas	ed	
Are Written PO's Required? Yes No	Authorized Purchasing Agents		
Do you have a California Seller's Permit?	Yes No If so, please complete the R	esale Certificate below.	
Completed By		Date	
BOE-230 (7-02) GENERAL RESALE CERTIFICATE	California Resale Certif	icate_	STATE OF CALIFORNIA BOARD OF EQUALIZATION
I HEREBY CERTIFY:			
1. I hold valid seller's permit number:			
2. I am engaged in the business of se	lling the following type of tangible pers	onal property:	
I will resell the item(s) listed in paragrather regular course of my business op while holding the item(s) for sale in	rom WHOLESALE GLASS & SUPPLI [Vendor's name] raph 5, which I am purchasing under this berations, and I will do so prior to making the regular course of my business. I as just described, I will owe use tax base	resale certificate in the form cany use of the item(s) other the understand that if I use the	of tangible personal property in nan demonstration and display item(s) purchased under this
5. Description of property to be purcha	ased for resale:		
knows at the time of purchase that he display while holding it for resale) and Additionally, a person misusing a res	owing: ay be guilty of a misdemeanor under R ne or she will not resell the purchased it and he or she furnishes a resale certif ale certificate for personal gain or to eva halty of 10 percent of the tax or \$500, wh	em prior to any use (other that icate to avoid payment to the de the payment of tax is liable,	in retention, demonstration, or e seller of an amount as tax.
NAME OF PURCHASER			
SIGNATURE OF PURCHASER, PURCHASER'S EMPL	OYEE OR AUTHORIZED REPRESENTATIVE		
PRINTED NAME OF PERSON SIGNING		TITLE	
ADDRESS OF PURCHASER			
TELEPHONE NUMBER		DATE	