



Certificate of Exemption

Complete this certificate and provide one copy to AMT and keep one copy for your records.
If this certificate is not fully completed, AMT must collect sales tax. This is a blanket certificate.

Company Name: _____

Name of purchaser: _____

Business Address: _____

Street

City

State

Zip code

Purchaser's tax ID number/State of issue/Country of issue: _____

If no tax ID number, enter one of the following:

Driver's license ID number: _____ State issued: _____

OR FEIN: _____

Type of Business:

Explain) _____

Reason for Exemption: Select the option that identifies the reason for the exemption.

- A Federal government (*department*)
- B Specific government exemption (*from list on back*)
- C Tribal government (*name*)
- D Foreign diplomat #
- E Charitable organization #
- F Religious or educational organization #
- G Resale
- H Agricultural production
- I Industrial production/manufacturing
- J Direct pay permit #
- K Multiple points of use (services, digital goods, or computer software delivered electronically)
- L Direct mail
- M Other (enter number from back page)
- N Percentage exemption
Advertising (enter percentage) _____ %
Utilities (enter percentage) _____

Sellers Information: Automated Management Technologies Inc.

Seller's address: 55 East Fifth Street Suite 940
Saint Paul, MN 55101

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Sign here: _____ / _____ / _____ / _____
Signature of authorized purchaser Print name here Title Date

Return Completed Form to: AMT Accounting, 55 East Fifth Street, Suite 940 Saint Paul, MN 55101 or FAX # 763-509-0402