

11829 Hamden Pl. Santa Fe Springs, CA 90670 PH: (626) 336-3400

FX: (626) 336-3406

## **CALIFORNIA – CERTIFICATE OF RESALE**

TO:	_			
FROM: Evasive Motorsports DATE:				
Dear Customer, Please fill out, date and sign the following resale certificate as required by the State Board of Equalization and fax it back to us at (626) 336-3406.  ***********************************				
			BUSINESS NAME:  I HEREBY CERITFY,  That I hold valid seller's permit no:  Issued pursuant to the Use Tax Law, that I am engaged in the business of selling:	
Evasive Motorsports, Inc	. (DBA: Evasive Motorsports)			
of such property is used for any purpose other tha	nal property; provided, however, that in the event any in retention, demonstration, or display while holding it bood that I am required by the Sales & Use Tax law to see of such property or authorized amount.			
Description of property to be purchased:				
Auto Parts, Accessories, Supplies, Tools and Relate	ed Items & Materials.			
Date:				
Phone:E-mail:				
	Title:			