RESALE CERTIFICATE GENERAL FORM 2

(For use where the Purchaser is to give Certificate in Special Form when making purchases for projects where a building permit is required.)

To				
	Name of Seller			
Address of Seller			Date of this Certificate	
City	State	Postal/ZIP Code		
(HRS), as Pu	rchaser or as an authoriz	ed agent or representati	penalties set forth in section 231-36, Hawaii Revis we of the named Purchaser, pursuant to section 23 le certificates and sales at wholesale:	
	Purchaser is the holder one of the holder of the second to the second to the second to the holder of the second to the second the second to th		on No. GE	_ under the
That the	nature and character of t	he Purchaser's business	s is:	
Purchaser sh notice in writi That all o in section 23 product which the Purchase	all purchase from the Song that this Certificate do f the tangible personal properties of the sold, as set forth or (who is engaged in the properties of the tangible properties of the tangible properties of the sold properties of the tangible properties of the sold properties of the tangible personal properties of tangible personal personal properties of tangible personal pers	eller named above, excees not apply. operty to which this Certion 18-237-4(a)(1), HAF in section 237-4(a)(2), It contracting business or	hall apply to all sales of tangible personal properties those orders as to which the Purchaser shall difficate applies will be used for purposes of resale, and section 18-237-4(a)(2), HAR; or for incomiss subject to taxation the same as if engaged in the same that it is set forth in section 237-4(a)(4), HRS, and section 247-4(a)(4), H	as set forth anufactured rporation by he business
That whe for which a b purchases sh	en materials or commodi uilding permit is required	l, the Purchaser will givial Form of resale certifi	incorporation into a structure or other improvem e notice in writing to the Seller as to this project cate for each project. However, the Special Form	, and those
			RS, and section 18-237-13-02(d)(2)(B), HAR, shar with respect to any transactions covered by this	
	Name of Purchaser		Signature	
	Address of Purchase	r	Print Name of Signatory	
City	State	Postal/ZIP Code	Title (Owner, Partner or Member, Officer, or Duly Authorized Agent)	Date

Seller should retain this Certificate for Seller's files. Do NOT send to the Department of Taxation.