

Once completed, please fax to 614-659-1679
or email to SalesTax-NA@covetrus.com

Account # _____

TENNESSEE DEPARTMENT OF REVENUE

**TENNESSEE SALES AND USE TAX
BLANKET CERTIFICATE OF RESALE**



TO: Vendor's Name Butler Animal Health Supply, LLC DBA Covetrus North America
Vendor's Address 400 Metro Place North Dublin, OH 43017

The undersigned hereby certifies that the merchandise purchased on each order is purchased for (Indicate the purpose for which the property is bought when no Sales or Use Tax is to be collected):

- ☒ Resale as tangible personal property, or resale of a service subject to tax.
() A component part of an article to be produced for sale by manufacturing, assembling, processing, or refining.
() Rental or leasing of tangible personal property.
() Use in accordance with the provisions of Rule No. 68. (A copy of the Direct Pay Permit must be given to the vendor with this form.)
() Other (indicate reason):

Tennessee Sales Tax
Registration Number
of Purchaser _____

Name of Business _____

Name of Authorized Purchaser: _____

Signature of Authorized Purchaser: _____

Effective Date of Registration: _____

Address _____

NOTICE

This Certificate must be fully completed and signed before it is valid. Certificate remains in effect until revoked in writing by purchaser. Once a valid certificate is on file, it is not necessary to obtain additional copies for subsequent purchases.

Any merchandise obtained upon this resale certificate is subject to the Sales and Use Tax if it is used or consumed by the vendee in any manner and must be reported and the tax paid thereon directly to the Department of Revenue.

TENNESSEE CODE ANNOTATED SECTION 67-6-607 MAKES IT A MISDEMEANOR TO MISUSE A CERTIFICATE OF REGISTRATION WITHOUT PAYING THE SALES AND USE TAXES, AND SUBJECTS THE CERTIFICATE TO REVOCATION.



Account # _____

Please check the items that you do not want to be taxed when purchased from Covetrus North America.

Companion Animal

- | | |
|---|--|
| <input type="checkbox"/> Pet Supplies (ex. toys, collars, leashes) | <input type="checkbox"/> Non Prescription Dispensed Drugs |
| <input type="checkbox"/> Prescription Diets | <input type="checkbox"/> Prescription Dispensed Drugs |
| <input type="checkbox"/> Non-Prescription Diets | <input type="checkbox"/> Non Prescription Injectable Drugs |
| <input type="checkbox"/> E-Collars | <input type="checkbox"/> Prescription Injectable Drugs |
| <input type="checkbox"/> Vitamins/Supplements/Nutraceuticals | <input type="checkbox"/> Vaccines |
| <input type="checkbox"/> Non Prescription Flea & Tick (ex. Frontline) | <input type="checkbox"/> Prescription Flea & Tick (ex. Comfortis) |
| <input type="checkbox"/> Insulin Syringes | <input type="checkbox"/> Diabetic Supplies (ex. meters, test strips, etc...) |

Large Animal

- | |
|--|
| <input type="checkbox"/> Non Prescription Dispensed Drugs |
| <input type="checkbox"/> Prescription Dispensed Drugs |
| <input type="checkbox"/> Non Prescription Injectable Drugs |
| <input type="checkbox"/> Prescription Injectable Drugs |
| <input type="checkbox"/> Vaccines |

Equine

- | |
|--|
| <input type="checkbox"/> Non Prescription Dispensed Drugs |
| <input type="checkbox"/> Prescription Dispensed Drugs |
| <input type="checkbox"/> Non Prescription Injectable Drugs |
| <input type="checkbox"/> Prescription Injectable Drugs |
| <input type="checkbox"/> Vaccines |

General

- | | |
|---|--|
| <input type="checkbox"/> Syringes & Needles | <input type="checkbox"/> Administration Devices (ex. IV sets, catheters) |
| <input type="checkbox"/> Dispensing Supplies (ex. bottle, caps, labels) | <input type="checkbox"/> Medical Supplies (ex. gauze, tape, bandages) |
| <input type="checkbox"/> Clinic Supplies (ex. cleaners, gloves, scrubs) | <input type="checkbox"/> Diagnostic Kits |
| <input type="checkbox"/> Tools | <input type="checkbox"/> Equipment |

I understand that items that I use or administer in my practice are considered consumed by me and tax is due at the time of purchase. I certify that I may resell in their same form any/all items that I have indicated above or cannot, at the time of purchase, identify if I will use, use in an exempt manner, or resell the products I purchase. Accordingly, please do not tax me on any items indicated. If any additional tax is due, I will pay the tax directly to the jurisdiction or contact Covetrus North America to bill me the additional tax.

Signature _____

Date _____