

# SOHO PAPER

66 OKNER PARKWAY LIVINGSTON, NJ 07039  
TEL: 1-800-813-9181 FAX: 1-973-577-7167

## Dealer Account Application

Please submit this application with a copy of your resale certificate or W-9 by fax to 973-577-7167 or by email to info@soho-paper.com.

Trade Name: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Principal/Owners Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Tax ID#: \_\_\_\_\_

Legal Ownership:

- Proprietorship
- Partnership
- Corporation if incorporated what state? \_\_\_\_\_

## Resale Certification

I certify that I am a dealer in tangible personal property purchased for resale. I also certify that all purchases from Soho Paper are for resale purposes. If I use or consume any tangible property that I purchased from Soho Paper for resale, I assume full responsibility to report and pay any sales tax, retail occupation tax, service occupation tax or use tax to the appropriate taxing authority.

Resale Certificate # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_