



STATE OF CONNECTICUT
 DEPARTMENT OF REVENUE SERVICES
SALES & USE TAX RESALE CERTIFICATE

Issued to (Seller) _____ Address _____

I certify that Name of Firm (Buyer) _____ is engaged as a registered
 TimePayment Corp
 Street Address or P.O. Box No. _____
 200 Summit Dr Suite 100
 City State Zip
 Burlington MA 01803

- () Wholesaler
- () Retailer
- () Manufacturer
- (X) Lessor
- () Other (specify)

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

City or state	State Registration or I.D. No.	City or State	State Registration or I.D. No.
CT	2649283-001	CT	2649283-001
City or state	State Registration or I.D. No.	City or State	State Registration or I.D. No.
City or state	State Registration or I.D. No.	City or State	State Registration or I.D. No.

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a sales or use tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.

General description of products to be purchased from the seller:

I declare under the penalties of false statement that this certificate has been examined by me and to the best of my knowledge and belief is a true, correct and complete certificate.

Authorized Signature _____ Title Tax Associate
 Date 01/10/2023