



DATE: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_ TYPE OF OPERATION \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ CODE: \_\_\_\_\_

TYPE OF BUS. ORGANIZATION, ( ) CORPORATION ( ) PARTNERSHIP ( ) SOLE

DATE BUSINESS STARTED: \_\_\_\_\_

PRINCIPAL OFFICERS/EMPLOYEES:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_ ACCT. TYPE ( ) CHEQUING ( ) SAVINGS

ACCOUNT NO. \_\_\_\_\_ FAX # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

CITY: \_\_\_\_\_ PROV. \_\_\_\_\_ CODE \_\_\_\_\_

TRADE REFERENCES:

1) NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

FAX: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROV: \_\_\_\_\_ CODE: \_\_\_\_\_

2) NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

FAX: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROV. \_\_\_\_\_ CODE \_\_\_\_\_

ESTIMATED CREDIT REQUIREMENTS: \_\_\_\_\_

PERSON TO CONTACT IN FIRM REGARDING CREDIT: \_\_\_\_\_

Signature Required to Obtain Credit Information **\*DO NOT PRINT\***

PHONE: ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

**ONTARIO RETAIL SALES TAX  
PURCHASE EXEMPTION CERTIFICATE**

**Blanket**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Vendor Permit Number (if applicable): \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Reason for Claiming Exemption: \_\_\_\_\_

I claim exemption from Ontario retail sales tax under the provisions of the *Retail Sales Tax Act* on the following goods or taxable services, contracts of insurance or benefits plan:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print) Name of Authorized Person

**IMPORTANT**

The person buying the goods or taxable service, or entering into a contract of insurance or benefits plan for which an exemption is claimed must complete this certificate and give it to the supplier.

The supplier is to keep this form as stated in the regulations. This certificate is valid for four years if:

- (a) the box beside the word “**blanket**” at the top of the form is checked, and
- (b) the purchase order refers to this Purchase Exemption Certificate.

Every person who makes false statement on a Purchase Exemption Certificate or misuses the certificate is liable, if convicted, to a fine of not less than \$1,000 and an amount of not more than double the amount of the tax that should have been paid, or that was evaded, or to imprisonment for a term or not more than two years, or to both.



**RE: PESTICIDE CERTIFICATION NUMBER**

To help serve you more efficiently, we ask you to complete and return the following questionnaire as soon as possible.

- a) What are the pesticide certification number(s) that you will use for your farm **unit** to purchase pesticides?

<b><u>Certificate. #</u></b>	<b><u>Expiry Date</u></b>	<b><u>Signature of Certificate Holder</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

- b) Please name your farm **unit** if it's different from the person's name on the certificate.

- c) Please list the person(s) you authorize to use your pesticide certificate number.

**NOTE: This means the person whose pesticide certificate number is used accepts the responsibility and liability for the transportation, storage and use of the pesticides listed on the invoice.**

Authorized Persons:

Signature of Certificate Holder:

_____	_____
_____	_____
_____	_____

We are authorized to sell Schedule 1, 2 and 5 pesticide's **only** to farmers who hold a pesticide certificate, or persons who have written permission from a certificate holder.

A farmer, as defined under the Pesticide Act is a person who uses at least 5 hectares of land for agricultural or forestry production, or uses less than 5 hectares, but has an average gross annual revenue (over 3 years) of at least \$4,000 from the sale of product of agriculture or forestry provinces.



## SHIP TO INFORMATION

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_

TRADE CLASS: \_\_\_\_\_

- |                     |                          |
|---------------------|--------------------------|
| 1. Greenhouse       | 5. Cash Crop Grower      |
| 2. Orchard          | 6. Wholesale Account     |
| 3. Vegetable Grower | 7. Miscellaneous Account |
| 4. Contract Grower  | 8. Rental Customer       |

### CHARGE TAX?

GST            Y / N            FARM PERMIT NUMBER: \_\_\_\_\_

PST            Y / N            FARM PERMIT NUMBER: \_\_\_\_\_

U.S. TAX IDENTIFICATION # \_\_\_\_\_

Salesman: \_\_\_\_\_

Approved by:  
(signature): \_\_\_\_\_

Perry Stickles, President