State Of New Jersey
Division of Taxation
SALES TAX EXEMPT FORM ST-3
RESALE CERTIFICATE

Purchaser's New Jersey Certificate of Authority Number _____

To be completed by purchaser and given to and retained by seller. Seller should read and comply with the instructions given on the exemption certificate.

To: PlanITROI, Inc. Date _____
Name of Seller

88 Ford Road | Denville | NJ | 07834
Address | City | State | Zip

The undersigned certifies that:

He holds a valid Certificate of Authority (number shown above) to collect State of NJ Sales and Use Tax.

He is principally engaged in the sale of (indicate nature of merchandise or service sold):

IT Equipment

The Merchandise or services being herein purchased are described as follows:

IT Equipment

The Merchandise described above is being purchased (check one or more of the items, which apply)
__ For resale in its present form.
__ For resale as converted into or as a component part of a product produced by the undersigned.
__ For use in the performance of a taxable service on personal property, where the property which is the Subject of this Certificate becomes part of or is later transferred to the purchaser of the service in Conjunction with the performance of the service.

The services described above are being purchased (check the service that applies):
__ By a vendor who will either collect the tax or will resell the services.
__ To be performed on personal property held for sale.

I, the undersigned purchaser, have read and complied with the instructions and rules promulgated pursuant to the New Jersey Sales and Use Tax Act with respect to the use of the Resale Certificate, and it is my belief that the seller named herein is not required to collect the sales or use tax on the transaction or transactions covered by this Certificate. The undersigned purchaser hereby swears (under the penalties for perjury and false swearing) that all of the information shown in the Certificate is true.

_____
Company or Organization Name of Purchaser (As registered with the NJ Division of Taxation)

_____
Address City State Zip

BY: _____
Authorized Signature of Owner, Partner, Officer of Corporation