

Resale Certificate
Print or type

Name of authorized purchaser: _____

Name of business owner: _____

Legal name of business: _____

Business billing address: _____

Business shipping address: _____

Type of entity: Corporation Partner ship Sole Prop. Limited liability Other
(specify) _____

Federal tax ID number or State Tax ID number: _____

If Individual Social Security Number: _____

Phone number: _____

Cell number: _____

Fax number: _____

E-mail address: _____

Web site: _____

Signature of Legal Entity: _____

Date: _____

Return to:

**Hill View Farms
41564 Co. Hwy 4
Morgan, MN 56266
507-723-5937 phone or fax
Toll Free: 866-723-5937**