



All fields must be completed in order to obtain a customer number before purchasing.

**PLEASE PRINT**

**Company Name** \_\_\_\_\_

**Company Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Province** \_\_\_\_\_

**Postal Code** \_\_\_\_\_

**Telephone #** \_\_\_\_\_

**Fax #** \_\_\_\_\_

**PST Exemption # (mandatory)** \_\_\_\_\_

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<b>Name of Authorized Officer</b>	<b>Signature</b>	<b>Date</b>
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For Office Use Only

Customer # \_\_\_\_\_ Entered by \_\_\_\_\_ Date \_\_\_\_\_

Remark \_\_\_\_\_

**ONTARIO RETAIL SALES TAX  
PURCHASE EXEMPTION CERTIFICATE**

Blanket

Date: \_\_\_\_\_

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

Name of Person Authorizing the Purchase: \_\_\_\_\_

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

Vendor Permit / IRP Cab Number (if applicable): \_\_\_\_\_

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

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

- Taxable Goods or Taxable Services Purchased for Resale
- Machinery, Equipment, and/or Processing Material Purchased for Manufacturing
- Equipment, Tools, and/or Machinery used by a Person Engaged in Farming or Fishing
- Insurance/Benefit Plan
- Religious, Charitable and Benevolent Organization
- Hospital Equipment
- Identity Card Type and Number \_\_\_\_\_
- Other (please state exemption) \_\_\_\_\_

**IMPORTANT**

*The person buying the taxable goods or taxable services, 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.*

*Every person who makes a 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 of not more than two years, or both.*

**Highland Evergreen Supply Ltd.**  
**7125 Pacific Circle, Unit 4 & 5**  
**Mississauga, Ontario**  
**L5T 2A5**

**Phone: 905-670-7125**

**Toll Free: 800-511-7125**

**Fax: 905-670-6652**

**VISA / MC PURCHASES**

I authorize Highland Evergreen Supply Ltd. to debit my **VISA, M/C** account number to pay my individual invoices.

STORE NAME: \_\_\_\_\_

HIGHLAND CUSTOMER #: \_\_\_\_\_  
(FOR INTERNAL USE ONLY)

NAME (PLEASE PRINT): \_\_\_\_\_

VISA / MC ACCOUNT #: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
MTH/YR

This process will be done on **Every Purchase** as requested.

A receipt of this VISA M/C transaction is required

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YES / NO  
(PLEASE CIRCLE)