



Specialists in effective inhalation

NEW ACCOUNT INFORMATION FOR HOSPITALS & MEDICAL OFFICES & SALES & USE TAX EXEMPT FORM

PARI Respiratory Equipment, Inc.
2412 PARI Way
Midlothian, VA 23112
Phone 1.800.327.8632
Fax 1.800.727.4112
www.PARI.com

Hospital or Practice:		
Mailing Address:		
City:	State:	Zip:
Phone:	Fax:	
Physicians Full Name:		e-mail address:

I HEREBY CERTIFY, that I hold a valid Seller's Permit/Resale Certificate and the tax number is:

Will be resold by me in the form of personal property; Provided, however, that in the event any such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description of Property to be purchased: **Medical Equipment**

The undersigned hereby certifies that he/she is duly authorized to sign this Agreement on behalf of Applicant/Buyer, that the information given in this Agreement is true and correct to the best of his/her knowledge and that the Applicant/Buyer hereby agrees to the foregoing and conditions.

AUTHORIZATION	
<input checked="" type="checkbox"/> Signature of Owner or Company Officer	Date
Print Name	
Title:	Phone:

****Return completed from to toll free fax# 800 727-4112****

Toll Free # 800 327-8632