

1350



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
RESALE CERTIFICATE

ST-8A
(Rev. 8/16/07)
5010

Notice To Seller:

It is presumed that all sales are subject to the tax until the contrary is established. The burden of proof is on the seller that the sale of tangible personal property is not a retail sale. However, if the seller receives a resale certificate signed by the purchaser stating that the property is purchased for resale, the liability for the sales tax shifts from the seller to the purchaser.

This certificate is intended for use by licensed retail merchants purchasing tangible personal property for resale, lease or rental purposes. To be valid, it must be signed by the owner, partner or a corporate officer, and must include the purchaser's name, address and retail sales tax license number.

Purchaser's Statement:

As purchaser, I certify that I am engaged in the business of selling, leasing or renting tangible personal property of the kind and type sold by your firm. Unless otherwise specified, I certify that all tangible personal property purchased on or after this date is to be resold, leased or rented by me. This certificate shall remain in effect unless revoked or cancelled in writing. I also certify that if the tangible personal property is withdrawn for use other than for resale, lease or rent, that I will report the transaction to the SC Department of Revenue as a withdrawal from stock and pay the tax thereon based upon the reasonable and fair market value, but not less than the original purchase price. Furthermore, I understand that by extending this certificate that I am assuming liability for the sales or use tax on transactions between me and your firm.

TO: _____
(Seller's Name)

(Street Address) (City) (State) (Zip Code)

KIND OF BUSINESS ENGAGED IN BY PURCHASER _____

ITEMS SOLD, LEASED OR RENTED BY PURCHASER _____

(Purchaser's Business or Firm Name) (Print Name of Owner, Partner or Corp. Officer)

(Street Address) (Signature of Owner, Partner or Corp. Officer)

(City) (State) (Zip Code) (Title)

(South Carolina Retail License Number, if not S.C. indicate state) (Date)

50101021



Account # _____

Please check the items that you do not want to be taxed when purchased from Covetrus North America.

Companion Animal

- | | |
|---|--|
| <input type="checkbox"/> Pet Supplies (ex. toys, collars, leashes) | <input type="checkbox"/> Non Prescription Dispensed Drugs |
| <input type="checkbox"/> Prescription Diets | <input type="checkbox"/> Prescription Dispensed Drugs |
| <input type="checkbox"/> Non-Prescription Diets | <input type="checkbox"/> Non Prescription Injectable Drugs |
| <input type="checkbox"/> E-Collars | <input type="checkbox"/> Prescription Injectable Drugs |
| <input type="checkbox"/> Vitamins/Supplements/Nutraceuticals | <input type="checkbox"/> Vaccines |
| <input type="checkbox"/> Non Prescription Flea & Tick (ex. Frontline) | <input type="checkbox"/> Prescription Flea & Tick (ex. Comfortis) |
| <input type="checkbox"/> Insulin Syringes | <input type="checkbox"/> Diabetic Supplies (ex. meters, test strips, etc...) |

Large Animal

- ☐ Non Prescription Dispensed Drugs
- ☐ Prescription Dispensed Drugs
- ☐ Non Prescription Injectable Drugs
- ☐ Prescription Injectable Drugs
- ☐ Vaccines

Equine

- ☐ Non Prescription Dispensed Drugs
- ☐ Prescription Dispensed Drugs
- ☐ Non Prescription Injectable Drugs
- ☐ Prescription Injectable Drugs
- ☐ Vaccines

General

- | | |
|---|--|
| <input type="checkbox"/> Syringes & Needles | <input type="checkbox"/> Administration Devices (ex. IV sets, catheters) |
| <input type="checkbox"/> Dispensing Supplies (ex. bottle, caps, labels) | <input type="checkbox"/> Medical Supplies (ex. gauze, tape, bandages) |
| <input type="checkbox"/> Clinic Supplies (ex. cleaners, gloves, scrubs) | <input type="checkbox"/> Diagnostic Kits |
| <input type="checkbox"/> Tools | <input type="checkbox"/> Equipment |

I understand that items that I use or administer in my practice are considered consumed by me and tax is due at the time of purchase. I certify that I may resell in their same form any/all items that I have indicated above or cannot, at the time of purchase, identify if I will use, use in an exempt manner, or resell the products I purchase. Accordingly, please do not tax me on any items indicated. If any additional tax is due, I will pay the tax directly to the jurisdiction or contact Covetrus North America to bill me the additional tax.

Signature _____

Date _____