

Form 373

**STATE OF DELAWARE  
DIVISION OF REVENUE  
WHOLESALE EXEMPTION CERTIFICATE**

Name of Seller

Address

City

State

Zip Code




Shipping Location

City

State

Zip Code




Date and State of Incorporation



Employer Identification Number

Check Applicable Box

☐

Single Purchase Certificate

Invoice No.

Invoice Date

☐

Blanket Certificate

**THE UNDERSIGNED CERTIFIES THAT:**

1. The purchaser's employees and vehicles receiving the goods within Delaware are not headquartered – or dispatched from within Delaware; and
2. No portion of the goods received will be inventoried, warehoused, or otherwise come to substantial rest within the State prior to ultimate delivery outside Delaware; and
3. The purchaser has no business facility or goods on consignment or warehoused within Delaware, if this is a blanket certificate.

Name of Purchaser

Address

City

State

Zip Code




Date and State of Incorporation



Employer Identification Number

Name of Business

Under penalties or perjury, I declare that I have examined this Certificate, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

Date

Signature of Officer or Authorized Individual of the Purchaser

Title

Date

Signature of Officer or Authorized Individual of the Seller

Title

