



# Sales Tax Exemption Certificate

All fields are required.

**Please scan and email completed form to [ar@group.com](mailto:ar@group.com)  
or fax to 970.292.4374.**

Company/Organization Name \_\_\_\_\_

Company/Organization Address \_\_\_\_\_

\_\_\_\_\_

City, State, Zip \_\_\_\_\_

\_\_\_\_\_

Name of Person Placing the Order \_\_\_\_\_

Reason for Exemption \_\_\_\_\_

**STATE\*** Sales Tax Exemption Number \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\***NOTE:** We require your STATE sales tax exemption number.  
Please do not give your Federal exemption number as this is not what we need.