



Tax Exemption Application Form

Please fill out this application and either send it to us via email or bring it with you in-store

ORGANIZATION INFORMATION

Organization Name:

Street Address:

City:

State:

Zip Code:

Primary Contact Name (First & Last):

Phone #:

Email:

Website:

EIN #:

(please attach a copy)

Type of Organization:

- Religious
- Educational
- Charitable
- Government
- Other *(please specify)* _____

Signature: _____

Date: _____

Print Name: _____

Title: _____