



NEW ACCOUNT INFORMATION

Customer Information (To Be Filled out by Customer)

Legal Business Name: _____

Address: _____

County: _____

Type of Business: _____

Bar/Liquor Store/Restaurant/Convenience/Other

Phone: _____ Fax: _____ E-Mail: _____

Contact Name: _____

Corporate/Chain Store: _____ Independent Store: _____

Sales Information (To Be Filled out by Sales Rep)

Type of Account: _____

On Sale/Off Sale/Combo/3.2/N.A.

Tap Beer (If On Sale): _____

Payment Type: _____

Check/Escrow/EFT

Sell Day: _____ Delivery Day/Driver: _____

Office Use Only

Entered into RAS: _____

License Number: _____

New Account Number: _____

Buyer's Card Number: _____

ST3 Form: _____

Payment Set Up: _____

MINNESOTA REVENUE

Certificate of Exemption

ST3

Purchaser: Complete this certificate and **give it to the seller.**

Seller: If this certificate is not fully completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked, and remains in force as long as the purchaser continues making purchases, or until otherwise cancelled by the purchaser.

Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make multiple purchases for a specific job. Enter the exempt entity, name and specific project:

Exempt entity name _____ Project description _____

Please print	Name of purchaser _____			
	Business address _____		City _____	State _____
	Purchaser's tax ID number _____		State of issue _____	Country of issue _____
	If no tax ID number, enter one of the following:		FEIN _____	Driver's license number/State issued ID number _____
			state of issue _____	number _____
	Name of seller from whom you are purchasing, leasing or renting LOCHER BROS., INC.			
Seller's address _____		City _____	State _____	Zip code _____
18098 365TH AVENUE		GREEN ISLE	MN	55338

Type of business. Circle the number that describes your business.

Type of business	01 Accommodation and food services	11 Transportation and warehousing
	02 Agricultural, forestry, fishing, hunting	12 Utilities
	03 Construction	13 Wholesale trade
	04 Finance and insurance	14 Business services
	05 Information, publishing and communications	15 Professional services
	06 Manufacturing	16 Education and health-care services
	07 Mining	17 Nonprofit organization
	08 Real estate	18 Government
	09 Rental and leasing	19 Not a business (explain) _____
	10 Retail trade	20 Other (explain) _____

Reason for exemption. Circle the letter that identifies the reason for the exemption.

Reason for exemption	A Federal government (department) _____	I Industrial production/manufacturing
	B Specific government exemption (from list on back) _____	J Direct pay permit # _____
	C Tribal government (name) _____	K Multiple points of use (services, digital goods, or computer software delivered electronically)
	D Foreign diplomat # _____	L Direct mail
	E Charitable organization # _____	M Other (enter number from back page) _____
	F Religious or educational organization # _____	N Percentage exemption
	G Resale	<input type="checkbox"/> Advertising (enter percentage) _____ %
	H Agricultural production	<input type="checkbox"/> Utilities (enter percentage) _____ %

Sign here I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY - If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)

Signature of authorized purchaser _____	Print name here _____	Title _____	Date _____
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AUTHORIZATION AGREEMENT FOR AUTOMATED WITHDRAWALS

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

CONTACT NAME: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

I hereby authorize LOCHER BROS., INC., to initiate debit entries to my Checking Account indicated below and the depository named below to debit the same to such account.

DEPOSITORY NAME: _____

BRANCH: _____

CITY/STATE/ZIP: _____

TRANSIT/ABA NUMBER: _____

ACCOUNT NUMBER: _____

PLEASE INCLUDE A VOIDED CHECK WITH THE COMPLETED FORM.

This authority is to remain in full force and effect until LOCHER BROS., INC. has received written notification from myself of its termination in such time and in such manner as to afford LOCHER BROS., INC. a reasonable opportunity to act on it.

NAME: _____

TITLE: _____

DATE: _____