

Chris Christo Skin Care & Makeup

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RETAIL CUSTOMER INFORMATION

Company Name _____

Authorized Buyer(s) _____

Ship To Address _____

Bill To Address _____

Business Phone _____ Other Phone _____

Email _____

I hereby certify:

1. I hold a valid seller's permit, number: _____
2. I am engaged in the business of selling the following: _____
3. This information is for the purchase of products from Chris Christo Skin Care & Makeup. _____
4. I will owe state sales tax based on the price of the items purchased. _____

Printed name of purchaser or authorized representative

Signature of purchaser or authorized representative Title

Date