## **Declaration of Wholesale or Entity Sales Tax Exemption**

1. Purchaser Information			License or Exemption Information	
Legal Name Mantel Technologies			Tax License or Exemption Number 0141191-0001: City-625824	
Trade Name (if different)		State CO	Expiration Date N/A	
Mailing Address 2601 Midpoint Dr., STE 108			Number 06-9368	
City Fort Collins		State CO	ZIP Code 80525	
2. Wholesale Exemption. Mark the type of exemption, and describe your ordinary course of business.				
□ Purchase for Resale	Ordinary Course of Business, including the product(s) manufactured and/or sold: Research, engineering, and product development, primarily for			
Manufacturing - Mark one of the following:	government contracts.			
☐ Ingredients or Component Parts				
Machinery, Machine Tools, and Parts				
Testing, Modification, or Inspection				
3. Entity Exemption. Enter a and b as required.				
a. Mark the type of entity.				
501(c)(3) Charitable Organization	501(c)	(19) Veterans' Org	ganization	
<ul> <li>□ U.S. or Colorado State or Local Government</li> <li>□ Affordable Housing Project</li> </ul>				
☐ Tribe or Member – For sales on or delivered to a Colorado reservation. Mark the type of qualifying purchaser:				
☐ Tribal Government ☐ Enrolled Tribal Member				
☐ Entity owned by tribe or member – Enter the total tribal ownership percentage:				
b. Mark the type of qualifying payment, unless the exemption is for a tribal member or entity owned by a tribe or member.				
Purchase Authorization to be paid later				
Cash with a purchase order from the entity	Check issued by the entity			
U.S. Government GSA SmartPay3 Card	Colorado State or Local Government Credit Card			
Non-Government Credit Card bearing the entity name or branded for commercial use				
4. Other Exemption. Describe the exemption claimed and how your purchase qualifies.				
Exemption Claimed	Qualifications	'		
5. Purchaser Signature				
I declare that the purchases I make using this form qualify for exemption from Colorado sales and use taxes as entered above, and that I am the purchaser or have the authority to execute this form on behalf of the purchaser.				
Printed Name Kristin Mitchell		Title Director, Finance and Contracts		
Signature )		Date (MM/DD/YY)		
Sust Notitue			1/1/2024	
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