



5584 Mt. View Road ♦ Nashville, TN 37013-2311
Phone (615) 641-5550 ♦ Fax (615)641-5566

ACCOUNT #: _____

Dear Sir or Madam:

In the process of updating our records, CNI has found that we do not have a copy of your *Certificate of Exemption* on file. Please complete the lower portion of this form and fax it back to CNI at (615) 641-5566 or mail to the address listed below. Thanks for your help in this matter.

CNI Customer Service, 800/933-7161 ext. 2

Certificate of Exemption

Under the provisions of T.C.A. Section 67-6-322, this notice will provide authority from the Tennessee Department of Revenue for the organization named above to make purchases of tangible personal property or taxable services for their own use and consumption or to be given away without the payment of sales or use tax.

The organization must furnish the suppliers of goods and services with a COPY of this notice properly completed below. YOU MUST RETAIN THE ORIGINAL FOR COPY PURPOSES. The supplier will maintain a file copy as evidence of exemption. Later purchases do not require the submission of a notice. The invoices should contain the name of the organization and the number given above.

This authority does not extend to purchases made by employees of the organization when employees pay for items purchased or services rendered with personal funds. It does not extend to items purchased to be resold.

THE ORGANIZATION MUST NOTIFY THE DEPARTMENT IMMEDIATELY IF IT CEASES TO EXIST, MOVES, OR IN ANY WAY CHANGES THE ORGANIZATION FROM ITS PRESENT FORM.

EFFECTIVE DATE: _____ Exempt. Cert. # _____

TO BE COMPLETED BY THE ORGANIZATION (please print)

TO: **SUPPLIER NAME:** CHRISTIAN NETWORK INTERNATIONAL, INC.
ADDRESS: 5584 MT. VIEW ROAD
CITY: NASHVILLE **STATE:** TN **ZIP:** 37013-2311

I, _____, as an authorized representative of the organization named above, affirm that the purchases made under this authority will be used and consumed by the organization or given away. I further affirm that the organization will not use this authority to purchase items for resale.

Under penalty of perjury, I affirm this to be a true and correct statement.

PRINT NAME OF ORGANIZATION: _____

PRINT NAME OF PURCHASER: _____

SIGNATURE OF PURCHASER: _____