



1529504011

MAIL TO: Georgia Department of Revenue, 1800 Century Boulevard, NE Ste 8214, Atlanta, GA 30345-3205, Telephone No. 1-877-423-6711

WAIVER OF VENDOR'S RIGHTS FOR REFUND

Name of Purchaser, Purchaser's Certificate Number, Name of Vendor, Vendor's Certificate Number

Vendor's Street Address, City or Town, State and Zip Code

Table with 6 columns: Date, Invoice No., Gross Amount of Sale Excluding Tax, Exempt Portion, if any, of Sale, Tax Paid To Vendor By Purchaser, Item Sold

AFFIDAVIT OF VENDOR

The undersigned authorized representative of the above-named vendor does hereby certify under oath that the above figures are true and correct with respect to its transactions with the above-named purchaser for the periods indicated, that the sales tax shown paid was collected from this purchaser and was remitted to the Department of Revenue, and that this vendor disclaims any interest in said sales taxes remitted to the Department of Revenue and waives any right to refunds due therefor.

This day of _____, _____.

Vendor

By: _____
Name and Title

Subscribed and sworn to:

This ____ day of _____, _____.

Notary Public