

California Medical Sales/Use Tax Exemption Certificate

Name of Business Claiming Exemption	CA Seller's Permit * (If you do not have a sellers permit please provide explanation below)	Telephone Number	
Street	City	State	Zip Code
Authorized Signature	Name (Please Print)	Title	
Name of Seller or Supplier: NATURE'S WAY BRANDS, LLC		Date	

Description of Purchased Items:

Please Check All Boxes that Apply:

- I certify that I am an authorized physician, dentist, or podiatrist and am prescribing all products listed above to my patient for the treatment and mitigation of disease.
- I certify that I am an health facility and all products listed above are prescribed by an order of a licensed physician, Dentist, or Podiatrist for the treatment and mitigation of disease of any patient of this health facility.

***Explanation:**
