



ULTIMATE VENDOR CERTIFICATE

To support Vendor's claim for a credit or payment under Section 500.13 of the Oklahoma Motor Fuel Tax Code.
(Vendor submit this document to Supplier, CNG and/or LNG Wholesaler/Retailer/Consumer)

THE ULTIMATE VENDOR HEREBY CERTIFIES:

1. The the Ultimate Vendor sold motor fuel to the purchasing entity for the exempt purpose;
2. That the Ultimate Vendor has the necessary records to support the sale of the motor fuel, and;
3. That the Ultimate Vendor understands and agrees that the fraudulent use of the Certificate to obtain fuel without paying the tax levied or paying a refund of the tax shall result in payment of the tax by the Ultimate Vendor with penalties and interest as well as such other penalties provided by statute.

Name of Vendor _____		Vendor FEIN _____
Address of Vendor _____		(_____) _____ Telephone Number
City _____	State _____	Zip Code _____

Signature of Ultimate Vendor _____		Date Signed _____
Intermediate Vendor's Name _____		Signature _____ Date _____
Intermediate Vendor's Name _____		Signature _____ Date _____

PURCHASING ENTITY:

Name of Purchasing Entity _____	Purchasing Entity FEIN _____
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QUANTITY OF EXEMPT MOTOR FUEL SOLD:

Date of Sale _____	
Gallons of Exempt Gasoline Sold _____	Gasoline Tax Claimed _____
Gallons of Exempt Diesel Sold _____	Deisel Tax Claimed _____
Gallons of Exempt CNG Sold _____	CNG Tax Claimed _____
Gallons of Exempt LNG Sold _____	LNG Tax Claimed _____
Gallons of Dyed Diesel Sold _____	Underground Tank Storage Fee Claimed _____

TO BE COMPLETED BY SUPPLIER AND/OR WHOLESALER/RETAILER/CONSUMER:

Name of Supplier, CNG and/or LNG Wholesaler/Retailer/Consumer _____	FEIN _____	Total Amount Claimed _____
Address of Supplier, CNG and/or LNG Wholesaler/Retailer/Consumer _____		(_____) _____ Telephone Number
City _____	State _____	Zip Code _____

I declare this claim is made under penalties of perjury and that the information contained in this document and any attachments is true and correct to the best of my knowledge and belief.

Sign Here: _____ Date: _____