



New York State Department of Taxation and Finance  
**New York State and Local Sales and Use Tax**  
**Resale Certificate**

**ST-120**  
(4/10)

Name of seller SHIVANI GEMS, INC.			Name of purchaser		
Street address 589 FIFTH AVENUE SUITE # 1107			Street address		
City NEW YORK	State NY	ZIP code 10017	City	State	ZIP code

Mark an **X** in the appropriate box: ☐ Single-use certificate ☐ Blanket certificate  
Temporary vendors must issue a single-use certificate.

**To the purchaser:**

You may not use this certificate to purchase items or services that are not for resale. If you purchase tangible personal property or services for resale, but use or consume the tangible personal property or services yourself in New York State, you must report and pay the unpaid tax directly to New York State. Any misuse of this certificate will result in tax liabilities and substantial penalty and interest.

**Purchaser information** — *please type or print*

I am engaged in the business of \_\_\_\_\_ and principally sell \_\_\_\_\_  
(Contractors may not use this certificate to purchase materials and supplies.)

**Part 1 – To be completed by registered New York State sales tax vendors**

**I certify that I am:**

- ☐ a New York State vendor (including a hotel operator or a dues or admissions recipient), show vendor or entertainment vendor. My valid *Certificate of Authority* number is \_\_\_\_\_
- ☐ a New York State temporary vendor. My valid *Certificate of Authority* number is \_\_\_\_\_ and expires on \_\_\_\_\_

**I am purchasing:**

- ☐ **A.** Tangible personal property (other than motor fuel or diesel motor fuel)
- for resale in its present form or for resale as a physical component part of tangible personal property;
  - for use in performing taxable services where the property will become a physical component part of the property upon which the services will be performed, or the property will actually be transferred to the purchaser of the taxable service in conjunction with the performance of the service; or
- ☐ **B.** A service for resale, including the servicing of tangible personal property held for sale.

**Part 2 – To be completed by non-New York State purchasers**

**I certify that I am** not registered nor am I required to be registered as a New York State sales tax vendor. I am registered to collect sales tax or value added tax (VAT) in the following state/jurisdiction \_\_\_\_\_ and have been issued the following registration number \_\_\_\_\_ (If sales tax or VAT registration is not required and a registration number is not issued by your home jurisdiction, indicate the location of your business and write **not applicable** on the line requesting the registration number.)

**I am purchasing:**

- ☐ **C.** Tangible personal property (other than motor fuel or diesel motor fuel) for resale, and it is being delivered directly by the seller to my customer or to an unaffiliated fulfillment services provider in New York State.
- ☐ **D.** Tangible personal property for resale that will be resold from a business located outside New York State.

**Certification:** I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements and issue this exemption certificate with the knowledge that this document provides evidence that state and local sales or use taxes do not apply to a transaction or transactions for which I tendered this document and that willfully issuing this document with the intent to evade any such tax may constitute a felony or other crime under New York State Tax Law Article 37, punishable by a substantial fine and a possible jail sentence. I understand that this document is required to be filed with, and delivered to, the vendor as agent for the Tax Department for the purposes of Tax Law section 1838 and is deemed a document required to be filed with the Tax Department for the purpose of prosecution of offenses. I also understand that the Tax Department is authorized to investigate the validity of tax exclusions or exemptions claimed and the accuracy of any information entered on this document.

Type or print name and title of owner, partner, or authorized person of purchaser	
Signature of owner, partner, or authorized person of purchaser	Date prepared

**Substantial penalties will result from misuse of this certificate.**





589 5TH AVENUE, SUITE 1107  
NEW YORK, N.Y. 10017

TEL: (212) 593-2750  
FAX: (212) 593-2844  
TOLL FREE: (800) 343-6287

The undersigned expressly agrees that if the account becomes delinquent and forced to be placed in the hands of an attorney, an attorney's fee of 25% will be due in addition to the principal sum and a delinquent finance charge of 1.75% per month or 21% per annum. The undersigned, who desires to do business with Shivani Gems Inc., agrees that if a lawsuit is necessary to collect money owing Shivani Gems Inc., the venue of the lawsuit will be the State of New York and that the state of New York will have jurisdiction over the subject matter and also over all the parties to the lawsuit. Before a lawsuit is filed, Shivani Gems Inc. through its attorney agrees to notify the debtor by certified mail, return receipt requested. The undersigned expressly agrees that the above method of certified mail, return receipt will be sufficient notice to effectuate service over the defendant, and the defendant also agrees to waive citation. It is expressly understood by all parties that this agreement is to facilitate the legal process only in the event a lawsuit is necessary to satisfy any obligations to Shivani Gems Inc. In submitting this application for credit, I authorize you to investigate my credit and banking record.

Signed By \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**THIS APPLICATION WILL NOT BE PROCESSED UNLESS ABOVE IS SIGNED AND DATED**

IF YOU HAVE BEEN IN BUSINESS, UNDER THIS NAME, FOR LESS THAN THREE YEARS, OR HAVE NOT ESTABLISHED SUFFICIENT CREDIT HISTORY WITH FOUR TRADE REFERENCES, THE OWNER OR PRINCIPAL STOCKHOLDER MUST COMPLETE AND SIGN THE PERSONAL GUARANTY.

**PERSONAL GUARANTY**

Date \_\_\_\_\_

I, \_\_\_\_\_ residing at \_\_\_\_\_  
for and in consideration of your extending credit at my request to  
(Company Name) \_\_\_\_\_ hereinafter  
referred to as the "Company" of which I am (Title) \_\_\_\_\_  
herby personally guarantee to Shivani Gems Inc. herein referred to as the "Creditor", the payment  
of any obligation of the Company and hereby agree to bind myself to pay the creditor on demand  
any sum which may become due to the Creditor by the company whenever the Company shall fail  
to pay the same. It is understood that this guarantee shall be continuing and irrevocable and  
indemnify for such indebtedness of the Company, I do hereby waive notice, non-payment and  
notice thereof and consent to any modification or renewal of the credit agreement herby  
guaranteed.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Agreed Upon Payment Terms \_\_\_\_\_ Days