Rev. 8/16

Name of purchaser

TRUSTEES OF BOSTON COLLEGE

Account ID number or Federal ID number

04-2103545

Address

140 COMMONWEALTH AVENUE

City/Town

CHESTNUT HILL

State

MA

Zip

02467

Type of business in which purchaser is engaged:

EDUCATION

Type of tangible personal property or service being purchased (be as specific as possible):

Name of vendor from whom tangible personal property or services are being purchased:

Address

City/Town

State

Zip

I hereby certify that I hold a valid Massachusetts Vendor's Registration, issued by the Commissioner of Revenue, pursuant to Massachusetts General

Laws, Chapter 64H, section 7, and that I am in the business of selling the kind of tangible personal property or services being purchased under this certificate, and that I intend to sell such property or services in the regular course of my business.

Signed under the penalties of jury.

Signature of p ser

Title

CONTROLLER

Date

Check a icable box: ☐ Single purchase certificate ☒ Blanket certificate