



20 South Wacker Drive Chicago, IL 60606-7499 www.cme.com 312/930.1000 tel 312/466.4410 fax

Blanket Tax Certificate of Resale or Exemption

Note: This form is not valid for all states. If you have exempt status in a state other than one for which we have provided a state specific form, please include the appropriate state specific form(s) with your response. If a state specific form is not required, please complete and return the general form, below.

This is to certify that all services and or tangible personal property purchased after (date) from Chicago Mercantile Exchange is purchased or leased for the following purpose(s) as checked in the space provided:

- 1. () Resale or rental of services and/or tangible personal property.*
2. () To be incorporated as a material or part of other tangible property to be produced for sale by manufacturing, assembling, processing or refining.*
3. () To be incorporated into items of intangible personal property manufactured, produced, compounded, processed or fabricated for ones own use.*
4. () Exported under the provisions of applicable state rules and laws.*
5. () Use by a religious, educational or charitable institution.**
6. () Not Applicable
7. () Other (describe):

*If issued by the state, the Certificate of Resale number and date is required.
** If issued by the state, the Consumer's Certificate of Exemption number and date is required.

General description of products to be purchased from the Seller: Market Data Services

This certificate shall be considered a part of each order we shall give. This certificate is to continue in force until revoked by written notice to the seller or supplier.

I declare, under penalties of perjury, that this certificate has been examined by me and to the best of my knowledge and belief is true and correct, made in good faith, pursuant to the sales and use tax laws of the state(s) listed below.

Form with fields for Sales Tax Exempt Number, State Issued by, Effective date of Certificate, Additional States, and Federal Identification or Social Security Number.

Form with fields for Company Name, Location Address, City, State, Zip, Signature of Authorized Representative, and Date.



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