



Louisiana Resale Certificate
Purchases of Tangible Personal Property For Resale
LA.RS 47:301(10)

Note: This certificate may be duplicated as needed. Please retain original certificate for your records.

PLEASE PRINT OR TYPE.

Purchaser Information			
Louisiana Sales Tax Account Number 3778305-004-400		Effective Date (mm/dd/yyyy) 06/18/2026	Expiration Date (mm/dd/yyyy) 06/18/2027
Purchaser Legal Name CASH MAGIC AMITE LLC		Purchaser Trade Name CASH MAGIC AMITE	
Mailing Address			
Mailing Address 111 ENERGY PKWY			
City LAFAYETTE		State LA	ZIP 70508-3817
Location Address			
Location Address 30036 HIGHWAY 16 STE A			
City AMITE		State LA	ZIP 70422-6502
Business Information			
The NAICS code below reflects the purchaser's primary product or service. A business may have multiple NAICS codes if it sells multiple products and services. All of the purchaser's NAICS codes may not be listed on the resale certificate.			
Primary U.S. NAICS Code 457110	Purchaser's Type of Business Gasoline Stations with Convenience Stores		

I, the purchaser, certify that all materials, goods, merchandise, and services purchased are for resale as tangible personal property, either in the same form as purchased or to be added as a recognizable, identifiable, and beneficial component of a new product. I also certify that any services purchased with the use of this certificate will be resold as a service as defined under Louisiana R.S. 47:301(14). I further certify that all tax-exempt purchases will be resold as tangible personal property in the normal course of our business.

I understand that if I use any of the items other than for resale, I must pay sales/use tax at the time of use. If this purchase is later found to be subject to tax, I, the purchaser, assume full liability for the tax.

Any purchaser or agent who fraudulently signs this certificate without intent to use the taxable items for resale is subject to all the penalties provided for by Title 47 of the Louisiana Revised Statutes and collection will be pursued against the seller or purchaser for any taxes, penalties and interest due.

Authorization	
Name Chad Cowie	Title VP of LA OPS/Manager
Signature [Signature]	Date (mm/dd/yyyy) 8/6/26

The validity of this exemption certificate can be verified at www.revenue.louisiana.gov.

The State of Louisiana does not certify the correctness of the parish information contained in this document.

Parish Information	
Parish of Principal Place of Business St. Helena Parish	Parish Tax Account Number 001-04-03311-m