



Name of purchaser  
TRUSTEES OF BOSTON COLLEGE  
Address

Account ID number or Federal ID number  
04-2103545

140 COMMONWEALTH AVENUE  
City/Town

State Zip  
MA 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 perjury.

Signature of purchaser Title Date  
CONTROLLER

Check applicable box:  Single purchase certificate  Blanket certificate