SUSF-X

Eligible State Universal Service Fund Surcharge Exemption Certificate

Check applicable state(s) and provide each state registration number adjacent to applicable state(s).

	State	USF Registration #		State	USF Registration #
	Alaska			Michigan	
	Arizona			Missouri	
	Arkansas			Nebraska	
	Colorado			Nevada	
	District of Columbia			New Mexico	
	Georgia			Oklahoma	
	Idaho			Oregon	
	Illinois			South Carolina	
	Indiana			Texas	
	Kansas			Utah	
	Kentucky			Vermont	
	Maine			Wisconsin	
	Maryland			Wyoming	

Customer Name: _____

Federal Tax ID Number: _____

Customer Address: _____

☐ Is purchasing telecommunications and/or Voice over Internet Protocol ("VoIP") services for resale to end-users in the above checked State(s) and accepts responsibility for remitting universal service fund surcharges on these services, where applicable, directly to the state(s).

☐ Is purchasing telecommunications services and is a state, county, municipal or other government agency; or is a public school district or; is a public institution of higher learning.

I further certify that if any telecommunications and/or VoIP service so purchased tax-free is used or consumed by Customer as to make it subject to tax, Customer will pay the tax directly to the proper taxing authority. The Customer has the sole responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

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Billing Account Number and Provisioning Account Numbers to which this Certification applies (BLANK or "ALL" not sufficient; account numbers are located on your invoice):

Billing Account Number: BW-_____

Provisioning Account Information:

☐ a. All Provisioning Account Numbers associated with Billing Account Number listed above
☐ b. Only the Provisioning Account Numbers listed in Table A below.

Table A

BY EXECUTING THIS CERTIFICATION, CUSTOMER CERTIFIES UNDER PENALTY OF PERJURY THAT CUSTOMER IS SOLELY RESPONSIBLE FOR THE COLLECTION AND REMITTANCE OF ALL APPLICABLE TAXES, FEES, AND SURCHARGES ASSOCIATED WITH THE SERVICES PROVIDED TO CUSTOMER BY BANDWIDTH, AS IDENTIFIED FOR BILLING PURPOSES BY THE ACCOUNT NUMBERS LISTED BELOW.

Name (Print): _____

Customer's Authorized Signature:

SIGN

_____

(Owner, Partner, Corporate Officer, or Authorized Representative) Title Date

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