

EXECUTIVE MANAGEMENT SERVICES

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REQUEST FOR RESALE CERTIFICATE

Date Received: _____ Date Due: _____

Association: _____

Unit Address & Number: _____

Name of Seller(s): _____

Requested By: _____

Call When Ready: _____

Phone: _____

FOR OFFICE USE ONLY

Received By: _____

Check #: _____ Amount: _____

Cash: _____ Amount: _____

Money Order #: _____ Amount: _____

Pay on Pick-up (Approved by Association Manager) _____