Name:	EIN:	
Address:	637 Reg No.:	
City, State, Zip:	OMB No.:	1545-1835

In addition to the *Form 637 General Questionnaire*, please answer the following questions specific to this activity. **(Attach additional sheets, if needed.)**

"D" QUESTIONNAIRE

Activity Letter D - Buyer with a place of business in the United States purchasing vaccines, gas guzzler automobiles, taxable tires, sport fishing equipment (including fishing rods and fishing poles), fishing tackle boxes, bows, quivers, broadheads, points, or arrow shafts for export or for resale to a second purchaser for export.

Registration allows a buyer to purchase article subject to excise tax tax-free from the manufacturer, only if the buyer intends to either export the article or resell it to a second buyer who intends to export it.

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 Does your business qualify for the Form 637 " ☐ Yes ☐ No 	'D" Registration?
• If yes, please complete questions below a	nd return this form.
• If no, please sign the statement below, da	te, and return this form.
I request my Form 637 "D" Registration be deni engaged in this activity.	ed or revoked as I am no longer
Printed Name	Title
Signature	Date
A CARLO THE CONTRACT OF THE CO	and the state of t

Note: This request must be signed by a person with authority to bind the applicant or registrant. Refer to *Form 637*, *Application for Registration (For Certain Excise Tax Activities), General Instructions*, under the *Signature* section for additional guidance.

Name:		EIN:				
Address:		637 Reg No.:				
City, State, Zip:		OMB No.:	1545-1835			
2. List the name and address of suppliers and the applicable items purchased for export or for resale to a second purchaser for export.						
List the name, address, and 637 registration number of all purchasers, or second purchaser to whom the company sells or intends to sell articles for export.						
Please describe the proof of export your business plans to obtain to verify the articles were exported.						
	vide the name and address of any brokers us ect to excise tax.	sed to export pr	oducts			

Name:		EIN:		
Address:		637 Reg No.:		
City, State, Zip:		OMB No.:	1545-1835	
6. List the name and phone number of a person whom we can contact about this application/registration.				