



Manufacturer's Designation of Mandate

Louisiana R.S. 47:301(3)(i), 47:301(13)(k),
and 47:301(28)

Mandate Effective Date (mm/dd/yyyy)		Mandate Expiration Date (mm/dd/yyyy)	
Legal Name			Louisiana Tax Account Number
Trade Name			
Address			
City		State	ZIP

I, the above named manufacturer does hereby designate the following person as its mandatary for the purpose of making purchases, leases, and rentals of manufacturing machinery and equipment:

Name		Louisiana Tax Account Number	
Address			
City		State	ZIP

This designation of mandate shall be effective for purchases, leases, and rentals of manufacturing machinery and equipment to be used by the designating manufacturer predominantly and directly in manufacturing or producing tangible personal property or agricultural products for sale. The manufacturing machinery and equipment will be used at a plant facility whose address is:

Address		
City	State	ZIP

Mark one.

- The designated mandatary is not restricted as to vendor.
- The designated mandatary is restricted to purchases from the following vendor:

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Purchases, leases, and rentals of tangible personal property during this period by the mandatary for use at this manufacturing location shall be considered as the legal equivalent of purchases directly by the designating manufacturer. Should such tangible personal property ultimately be used other than predominately and directly in the manufacturing of tangible personal property or agricultural products for sale, the designating manufacturer and/or the designated mandatary will be liable for the tax. The mandatary is not authorized to delegate this purchasing authority to others; separate designations of mandate by the manufacturer are required for each person who is to purchase eligible manufacturing machinery and equipment on behalf of the manufacturer. The undersigned hereby certify that this designation is the entirety of the mandate contract between them.

Designation of Agency		
Authorized Designator Signature	Date (mm/dd/yyyy)	
Authorized Designator's Name		
Manufacturer's Name		
Address		
City	State	ZIP

Acceptance of Agency		
Contractor or Subcontractor Authorized Acceptor Signature	Date (mm/dd/yyyy)	
Mandatary's Authorized Acceptor Name		
Mandatary Name		
Address		
City	State	ZIP