



Leith Automotive Group Wholesale Parts Network  
attn: Leith AR Department (leithar@leithcars.com)

Street Address: 8801 Durant Rd

Raleigh, NC 27616

Mailing Address: PO Box 40110

Raleigh, NC 27629

Phone: 919-876-5432

Fax: 919-981-1099

### Wholesale COD Information

Business Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Shipping City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

County of Business: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Federal ID Number (REQUIRED): \_\_\_\_\_

- Type of Business:  Body Shop  Repair/Service Center  Glass/Windshield  
 Franchise Dealership  Parts Store  Used Car

Are you exempt from paying your state sales tax?  Yes  No

(If "Yes," the E-595E Streamlined Sales Tax Agreement Certificate of Exemption **must be** completed in full and attached. A copy of your Sales & Use Tax certificate issued by your state is also **requested**. Forms must be received by the accounting office before your sales tax status will be adjusted.)

Comments: \_\_\_\_\_

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

Please return the above form and requested documentation to our **Leith AR Department** via e mail (leithar@leithcars.com) or fax (919-981-1099). Thank you for choosing the **Leith Automotive Group!**

Account Number: \_\_\_\_\_ (To be completed by the Leith Automotive Group)

# E-595E Streamlined Sales and Use Tax Certificate of Exemption

**\*\*NOTE: The exemption number we require is different from your federal tax-ID number. Most newer NC tax-exempt numbers are nine (9) digits long and start with 600xxxxxxx or 601xxxxxxx.**

Do not send this form to the Streamlined Sales Tax Governing Board or the NC Department of Revenue. Send the completed form to the seller and keep a copy for your records. This is a multi-state form for use in the states listed. Not all states allow all exemptions listed on this form. The purchaser is responsible for ensuring it is eligible for the exemption in the state it is claiming the tax exemption from. Check with the state for exemption information and requirements. The purchaser is liable for any tax and interest, and possible civil and criminal penalties imposed by the state, if the purchaser is not eligible to claim this exemption.

**1**  Check if this certificate is for a single purchase. Enter the related invoice/purchase order # \_\_\_\_\_

**2** A. Purchaser's name \_\_\_\_\_

B. Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip code \_\_\_\_\_

C. Name of seller from whom you are purchasing, leasing, or renting

LEITH

D. Seller's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip code \_\_\_\_\_

PO BOX 40110 RALEIGH NC USA 27629

**3 Purchaser's type of business.** Check the number that describes your business.

- |  |  |
|--|--|
| <input type="checkbox"/> 01 Accommodation and food services              | <input type="checkbox"/> 11 Transportation and warehousing     |
| <input type="checkbox"/> 02 Agricultural, forestry, fishing, and hunting | <input type="checkbox"/> 12 Utilities                          |
| <input type="checkbox"/> 03 Construction                                 | <input type="checkbox"/> 13 Wholesale trade                    |
| <input type="checkbox"/> 04 Finance and insurance                        | <input type="checkbox"/> 14 Business services                  |
| <input type="checkbox"/> 05 Information, publishing, and communications  | <input type="checkbox"/> 15 Professional services              |
| <input type="checkbox"/> 06 Manufacturing                                | <input type="checkbox"/> 16 Education and health-care services |
| <input type="checkbox"/> 07 Mining                                       | <input type="checkbox"/> 17 Nonprofit organization             |
| <input type="checkbox"/> 08 Real estate                                  | <input type="checkbox"/> 18 Government                         |
| <input type="checkbox"/> 09 Rental and leasing                           | <input type="checkbox"/> 19 Not a business                     |
| <input checked="" type="checkbox"/> 10 Retail trade                      | <input type="checkbox"/> 20 Other (explain) _____              |

**4 Reason for exemption.** Check the letter that identifies the reason for the exemption.

- |  |  |
|--|--|
| <input type="checkbox"/> A Federal government (department) _____ | <input type="checkbox"/> H Agricultural production # _____             |
| <input type="checkbox"/> B State _____ government (name) _____   | <input type="checkbox"/> I Industrial production/manufacturing # _____ |
| <input type="checkbox"/> C Tribal government (name) _____        | <input type="checkbox"/> J Direct pay permit # _____                   |
| <input type="checkbox"/> D Foreign diplomat # _____              | <input type="checkbox"/> K Direct mail # _____                         |
| <input type="checkbox"/> _____                                   | <input type="checkbox"/> L Other (explain) _____                       |

G Resale # \_\_\_\_\_

**5 Identification (ID) number.** Enter the ID number as required in the instructions for each state in which you are claiming an exemption. If claiming multiple exemption reasons, enter the letters identifying each reason as listed in Section 4 for each state.

ID Number	State/Country	Reason	ID Number	State/Country	Reason
AR	_____	_____	NV	_____	_____
GA	_____	_____	OH	_____	_____
IA	_____	_____	OK	_____	_____
IN	_____	_____	RI	_____	_____
KS	_____	_____	SD	_____	_____
KY	_____	_____	TN	_____	_____
MI	_____	_____	UT	_____	_____
MN	_____	_____	VT	_____	_____
NC	_____	_____	WA	_____	_____
ND	_____	_____	WI	_____	_____
NE	_____	_____	WV	_____	_____
NJ	_____	_____	WY	_____	_____

**6 Sign and Date.** I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of authorized purchaser \_\_\_\_\_ Print name here \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail address \_\_\_\_\_