



Leith Automotive Group Wholesale Parts Network
attn: Accounts Receivable (JoAnn Jones-Davis & Candace Wilson-Kearney)
 Street Address: 5601 Capital Blvd Raleigh, NC 27616
 Mailing Address: PO Box 40110 Raleigh, NC 27629
 Phone: 919-876-5432 Fax: 919-872-0312

Wholesale COD Information

Business Name: _____

Shipping Address: _____

Billing Address (if different): _____

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 and attached. A copy of your **Sales & Use Tax certificate** issued by your state is also **requested**.)

Comments: _____

(Signature) _____ **(Date)** _____

Please return the above form and requested documentation to JoAnn Jones-Davis or Candace Wilson-Kearney via mail or fax (919-872-0312). Thank you for using the Leith Automotive Group!

Account Number: _____ *(To be completed by the Leith Automotive Group)*

Streamlined Sales and Use Tax Agreement Certificate of Exemption

Please complete only the lines marked with an arrow (➡). We will complete the other fields as needed.

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

➡ 1 Check if you are attaching the Multistate Supplemental form.
 If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.

2 Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

3 Please print

Name of purchaser _____

Business address _____ City _____ State _____ Zip code _____

Purchaser's tax ID number _____ State of issue _____ Country of issue _____

If no tax ID number, enter one of the following:	FEIN	Driver's license number/State issued ID number state of issue number	Foreign diplomat number
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Name of seller from whom you are purchasing, leasing, or renting _____

Seller's address _____ City _____ State _____ Zip code _____

➡ 4 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 type="checkbox"/> 10 Retail trade	<input type="checkbox"/> 20 Other (explain) _____

➡ 5 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"/> G Resale # _____	<input type="checkbox"/> L Other (explain) _____

➡ 6 Sign here. 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 _____