Holman Automotive Group
Leith Wholesale Parts
5800 Oak Forest Dr. | Raleigh, NC 27616
leithwholesaleparts.com

Mailing Address: P.O. Box 40110 | Raleigh, NC 27629
Email: ncr_wholesaleaccounts@holman.com
Phone: 919-878-3127
Fax: 919-954-7523

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: _____

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.)*

How do you prefer to pay? ☐ Cash ☐ Check ☐ Credit Card
***All credit card purchases must be paid before shipping.*

Comments: _____

_____

_____ _____
Signature *Date*

*Please return the above and requested documentation to **ncr_wholesaleaccounts@holman.com** via email or fax (919-954-7523). Thank you for choosing the Holman Automotive Group.*

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

Business Phone _____

NCDOR
Web-Fill
6-19

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

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

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

LEITH

Seller's address	City	State	Zip code
PO BOX 40110	RALEIGH	NC	27629

4 **Type of business.** Check the number that describes your business.

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

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

- ☐ A Federal government *(department)* _____
- ☐ B State [redacted] government *(name)* _____
- ☐ C Tribal government *(name)* _____
- ☐ D Foreign diplomat # _____
- ☐ G Resale # _____
- ☐ H Agricultural production # _____
- ☐ I Industrial production/manufacturing # _____
- ☐ J Direct pay permit # _____
- ☐ K Direct mail # _____
- ☐ 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

Phone number | E-mail address