

## **Holman Automotive Group**

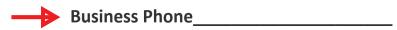
Leith Wholesale Parts 5800 Oak Forest Dr. | Raleigh, NC 27616 leithwholesaleparts.com

Mailing Address: P.O. Box 40110 | Raleigh, NC 27629 **Email:** ncr\_wholesaleaccounts@holman.com

**Phone:** 919-878-3127 **Fax:** 919-954-7523

wnoiesale	COD information			
Business Name:				
Shipping Address:				
Shipping City:		State:	ZIP:	
Billing Address (if c	different):			
			ZIP:	
E-mail:				
Federal ID Numbe	r (REQUIRED):			
Type of Business:	Body Shop	Repair/Service Center	Glass/Windshield	
	Franchise Dealership	Parts Store	Used Car	
(If "Yes," the E-595 attached. A copy o by the accounting How do you prefer		ement Certificate of Exemption mate issued by your state is also rec ate issued by your state is also rec atus will be adjusted.)		
Comments:				
Signature		Date		
	pove and requested documents B). Thank you for choosing the F	ation to <b>ncr_wholesaleaccounts@</b> Holman Automotive Group.	<b>holman.com</b> via email	

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





## 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.

	If not, enter the two-letter postal	abbreviation for the	state under whose	laws you are clai	ming exem	ption.			
2	Check if this certificate is for a si	ngle purchase and	enter the related inv	oice/purchase or	der #				
3	Please print								
	Name of purchaser								
•	Business address		City		State	Zip code			
•	Purchaser's tax ID number		State of issue		Country of i	ssue			
•	If no tax ID number, FEIN enter one of the following:	Driver's license r state of issue	number/State issued ID n number	umber	Foreign dipl	lomat number			
	Name of seller from whom you are purchasing, leasin LEITH	ng, or renting							
	Seller's address		City		State	Zip code			
	PO BOX 40110		RALEIGH		NC	2762			
	04 Finance and insurance	nunications	14 Business						
	05 Information, publishing, and comr 06 Manufacturing 07 Mining 08 Real estate 09 Rental and leasing 10 Retail trade	munications	15 Profession 16 Education 17 Nonprofi 18 Governm 19 Not a bu	onal services n and health-care t organization nent siness	e services				
- 5	<ul> <li>05 Information, publishing, and comr</li> <li>06 Manufacturing</li> <li>07 Mining</li> <li>08 Real estate</li> <li>09 Rental and leasing</li> </ul>		15 Profession	onal services n and health-care t organization nent siness cplain)	e services				
- 5	<ul> <li>05 Information, publishing, and comr</li> <li>06 Manufacturing</li> <li>07 Mining</li> <li>08 Real estate</li> <li>09 Rental and leasing</li> <li>10 Retail trade</li> </ul>		15 Profession 16 Education 17 Nonprofit 18 Governm 19 Not a but 20 Other (expression for the exempt H Agricultut I Industria	onal services In and health-care It organization It organizati	ufacturing #	!			
5	O5 Information, publishing, and common the	that identifies the re	15 Profession  16 Education  17 Nonprofit  18 Governm  19 Not a but  20 Other (expression)  Passon for the exempt  I Industriat  I J Direct passon  K Direct masson  L Other (expression)	onal services In and health-care It organization It organizati	ufacturing #				
5	O5 Information, publishing, and commode Manufacturing     O7 Mining     O8 Real estate     O9 Rental and leasing     10 Retail trade  Reason for exemption. Check the letter     A Federal government (department)     B State government (name)     C Tribal government (name)     D Foreign diplomat #	that identifies the re	15 Profession  16 Education  17 Nonprofit  18 Governm  19 Not a but  20 Other (e)  eason for the exempt  H Agricultut  I Industria  J Direct pat  K Direct m  Correct and completed	onal services In and health-care It organization It organizati	ufacturing #				