

Holman Automotive Group Charge Account Information

Thank you for your interest in establishing a charge account with Leith Wholesale Parts.

The following application can be used to establish an account with any of the dealerships that are part of Leith Wholesale Parts. However, the dealerships that make up Leith Wholesale Parts are grouped under different corporations, and each corporation has its own accounting system. For this reason, your account numbers will likely be different depending on the corporation.

Below is a brief listing of our dealerships by corporation. Each corporation issues a combined monthly statement for its dealerships.

Leith LLC.

Audi Cary
Audi Raleigh
Auto Park Chrysler Jeep (Cary)
Jaguar Land Rover Raleigh
Land Rover Cary
Leith Acura (Raleigh)
BMW of Raleigh
Leith Chrysler Jeep (Raleigh)
Leith Honda (Raleigh)
Leith Lincoln
Porsche Cary
Leith Volkswagen of Raleigh
Mercedes-Benz of Cary / Smart
Mercedes-Benz of Raleigh / Sprinter

AutoPark Imports Inc.

Autopark Honda (Cary)
Leith Nissan
Leith Volkswagen of Cary

Leith of Wendell (Auto Park East)

Auto Park Kia
Leith Chrysler Dodge Jeep Ram
Leith Ford
Leith GMC

These dealerships are standalone corporations, and each dealership issues its own separate monthly statement:

Leith Acura of Cary
Leith Toyota
Leith Chrysler Dodge Jeep Ram (Aberdeen)
Leith Honda (Aberdeen)

To help expedite the approval process, please provide **complete contact information (mailing address, email address, phone, fax), your account number and a specific contact for each listed reference.**

Due to privacy concerns, most of our credit checks are conducted via fax or mail.

If you have any questions concerning the application process, please feel free to contact your sales representative or our wholesale manager, **Mike Gilliam (919-492-7603).**

Thanks again for your time and for considering **Leith Wholesale Parts.**



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

Holman Automotive Group Charge Account Application

Full Legal Business or Individual Name: _____

Doing Business As: _____

Billing Address: _____

Billing City: _____ State: _____ ZIP: _____

Shipping Address (if different): _____

Shipping City: _____ State: _____ ZIP: _____

County of Business: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

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

Federal ID Number (REQUIRED): _____ Years in Business: _____

Check One: Individual Partnership Corporation

Have you or any Company in which you held a controlling interest been adjudged bankrupt?
 Yes No

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.)

Estimated Credit Line Needed \$ _____ PO Required Yes No

Bank Reference [A financial statement is required for businesses requesting \$5,000.00 or more in credit and for all companies in business less than two (2) years.]

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Contact Name: _____ Phone Number: _____



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Credit References

(Please include complete mailing address, phone, fax numbers and email address.)
 Please do not list contact information for O'Reilly's Auto Parts, CARQUEST, AutoZone or Advance Auto Parts as we typically are unable to obtain information from these companies.

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

We warrant the information provided to be true. I, an authorized officer, grant permission to investigate the references and commercial credit checks. I agree to pay Holman Automotive Group within stated terms of sale. If the account is placed with a collection agency or an attorney, whether a lawsuit is filed or otherwise, or if services of an attorney are required to protect our interest, we agree to pay all collection costs, reasonable attorney's fees, interest, and any cost associated with placing your obligation with a collection agency or attorney. In addition, we agree to pay all charges on all returned checks on our account. We also understand and agree that all litigation will be in the State of North Carolina.

 Signature

 Date

 Print Name

 Title



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Release Statement

We realize that our relationship with you is only as strong as the trust that exists between us. We have a deep commitment to protecting that trust, while meeting your automotive needs. For that reason, the privacy of your information is important to us.

By signing the release statement, this gives Holman Automotive Group permission to obtain your credit information.

I (We) authorize the release on any bank or trade credit information requested by Holman Automotive Group to process my credit application.

Business Name: _____

Billing Address: _____

City: _____ **State:** _____ **ZIP:** _____

Signature

Date

Print Name

Title

(This release statement will be sent to all supplied credit references.)



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Policy Agreement

Please initial below stating that you read and understand the policies outlined.

****All charge account payments must be received within a 30-day period. Any repeated problem will cause the account to be put on hold and potentially closed permanently.** Copies of invoices are provided during time of delivery and counter purchase for parts. If you need additional copies of invoices, please contact us by email at ncr_wholesaleaccounts@holman.com.

Initial _____

****No credit card payments will be accepted on the monthly charge account statements. We require checks to be sent to us for all monthly charge account payments.**

Initial _____

****Policies on returned goods are:**

- (1) all claims and returned goods must be accompanied by the invoice,
- (2) no returns on electrical parts or special order items, no parts once the part has been painted by your company,
- (3) a minimum of a 15% handling charge may be charged on all parts returned,
- (4) no returns after 30 days.

Initial _____

****Freight charges and restocking fees are required to be paid on some parts invoices.**

Initial _____



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 <i>state of issue</i> <i>number</i>	Foreign diplomat number
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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.

- | | |
|--|--|
| <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 _____

Phone number _____ E-mail address _____