OFFICE USE ONLY
DATE: _____
APPROVED BY: _____
CUSTOMER #: _____
CREDIT LIMIT: _____

Holman
Driving What's Right

Preferred Customer Credit Application and Contract

LEGAL NAME: _____ PHONE: (_____) _____

DBA: _____ A/P EMAIL: _____

BILLING ADDRESS: _____ CITY: _____ ST: _____ZIP: _____

DELIVERY ADDRESS: _____ CITY: _____ ST: _____ZIP: _____

NATURE OF BUSINESS: _____# OF YEARS IN BUSINESS: _____ # OF EMPLOYEES: _____

BUSINESS MORTGAGE HOLDER/LANDLORD: _____

CONTACT NAME: _____ PHONE: (_____) _____

ADDRESS: _____ CITY: _____ ST: _____ZIP: _____

FEDERAL ID #: _____ D&B #:_____TAX EXEMPT: ☐NO ☐YES (COMPLETE EXEMPTION FORM)

☐SOLE PROPRIETORSHIP ☐PARTNERSHIP ☐LIMITED LIABILITY CO.

☐CORPORATION: INCORPORATED IN THE YEAR: _____ IN THE STATE OF: _____

CREDIT LIMIT REQUESTED: $_____ P.O REQUIRED: ☐NO ☐YES

Bank Reference

BANK NAME: _____CONTACT: _____

ACCOUNT NUMBER(S):_____

PHONE: (_____) _____ FAX: (_____) _____

Trade References

COMPANY NAME: _____ A/R CONTACT: _____

A/R PHONE: (_____) _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ST: _____ZIP: _____

COMPANY NAME: _____ A/R CONTACT: _____

A/R PHONE: (_____) _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ST: _____ZIP: _____

COMPANY NAME: _____ A/R CONTACT: _____

A/R PHONE: (_____) _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ST: _____ZIP: _____

Owners, Partners, or Officers

NAME: _____ TITLE: _____ SS#: _____

HOME PHONE: _____ HOME ADDRESS: _____

NAME: _____ TITLE: _____ SS#: _____

HOME PHONE: _____ HOME ADDRESS: _____

NAME: _____ TITLE: _____ SS#: _____

HOME PHONE: _____ HOME ADDRESS: _____

TERMS: (*Signature Required*)

We run our statements on the 25th of each month; unless this day falls on a weekend then statements will be run on the next normal business day. In order to avoid finance charges and/or having your account placed on C.O.D. please remit full payment by the 10th of each month. Repeated late payments will result in charging privileges being revoked. Applicant acknowledges and agrees to pay a finance charge of 1.75% per month that will be charged on balances not paid within terms.

By signing this agreement, the undersigned states that all information contained in this application is true and correct to the best of their knowledge and hereby gives authorization for any reference listed to release business related information for the sole use of establishing credit worthiness.

Applicant agrees to pay the account as stated in the terms above. In the event the account is not paid on time, applicant agrees to pay reasonable collection costs and attorney fees incurred during the collection process.

Applicant Name *(Please print)*: _____ Date _____

Applicant Signature _____ Title: _____

PERSONAL GUARANTEE:

To induce Holman Automotive to extend credit to the above Applicant, the undersigned ("Guarantor"), an owner of Applicant, hereby guarantees payment when due of all accounts, including finance and service charges, payable by Applicant to Holman Automotive. Any revocation of charge privileges shall not affect the guaranty with respect to amounts owed before revocation of charge privileges by Holman Automotive. Notices of acceptance, default and nonpayment are hereby waived. This guaranty shall be a continuing and irrevocable guaranty and indemnity for indebtedness of Applicant to Holman Automotive. Guarantor, without notice, consents to any modification, extension and/or renewal of the credit agreement hereby guaranteed. If the Applicant fails to pay the account when due, Holman Automotive may proceed hereunder against Guarantor without notice and without first proceeding against Applicant to exercise all legal remedies available to collect the balance due.

Guarantor's Name (*Please Print*) _____ Date _____

Guarantor's Signature _____

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 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