



## Leith Automotive Group

### Wholesale Parts Network

5800 Oak Forest Dr  
Raleigh, NC 27616

## Leith Automotive Group Charge Account Information

Thank you for your interest in establishing a charge account with the **Leith Wholesale Network!**

The following application can be used to establish an account with any of the dealerships that are part of the **Leith Wholesale Network**. Please note, however, the dealerships that comprise the **Leith Wholesale Network** are grouped under different corporations, and each corporation has its own accounting system. For this reason, your account numbers will be different depending on the corporation.

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

### Leith Inc.

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

### Leith of Wendell (AutoPark East)

Leith AutoPark Kia  
Leith Buick GMC  
Leith Chrysler Dodge Jeep<sup>†</sup>  
Leith Ford

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

- *Leith Acura Cary*
- *Leith Toyota*
- *Leith Chrysler/Dodge/Jeep (Aberdeen)<sup>†</sup>*
- *Leith Honda (Aberdeen)<sup>†</sup>*

<sup>†</sup>*Not part of the Leith Wholesale Network*

### AutoPark Imports Inc.

AutoPark Honda (Cary)  
Leith Nissan  
Leith Volkswagen Cary

Typically, **an account will initially be set up with our Leith Inc. dealerships**. Within a few days of the approval, a copy of your application will be forwarded to all our corporations. Some may go ahead and establish your account, but most will wait until an order is actually placed.

NOTE: The credit references you list on the application will be contacted as part of the evaluation process. To help expedite this process, **a specific contact person and e-mail address are required for each reference listed, as well as phone/fax/mailling/account information**. *Applications will be returned if this information is omitted.*

If you have any questions concerning the application process, please feel free to call the Leith Inc. Accounts Receivable office listed at the top of the application or our wholesale manager, Jason Dunn (919-868-3112).

Thanks again for your time and for considering the **Leith Wholesale Network**.



Leith Automotive Group Wholesale Parts Network

attn: Leith AR Department (leithar@leithcars.com)

Street Address: 8801 Durant Rd

Raleigh, NC 27616

Mailing Address: PO Box 40110

Raleigh, NC 27629

Phone: 919-876-5432

Fax: 919-981-1099

Leith Automotive Group Charge Account Application

Full Legal Business or Individual Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Shipping Address (if different): \_\_\_\_\_

Shipping City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

(If you wish to have multiple locations included on this account, please include shipping and phone information on a separate sheet.)

County of Business: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact 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 following forms are REQUIRED:

- North Carolina Businesses: NC-E595E (Streamlined Sales Tax Agreement Certificate of Exemption)
Virginia Businesses: VA Form ST-10 (Sales & Use Tax Certificate of Exemption)

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

Estimated Credit Line Needed \$ \_\_\_\_\_ PO Required [ ] Yes [ ] No

How would you prefer to receive your monthly statement(s)? [ ] E-mail [ ] US Mail

If e-mail, please provide an accounting e-mail address to receive the monthly statement(s):

Accounting E-mail: \_\_\_\_\_



Leith Automotive Group Wholesale Parts Network  
attn: Leith AR Department (leithar@leithcars.com)

Street Address: 8801 Durant Rd  
Mailing Address: PO Box 40110  
Phone: 919-876-5432

Raleigh, NC 27616  
Raleigh, NC 27629  
Fax: 919-981-1099

**Credit References**

*(A contact person & e-mail address is required for each reference listed, or the application will be returned.)*

**\*\*Do not list O'Reilly's Auto Parts, CARQUEST, AutoZone, Advance Auto Parts or American Tire as they will not supply the necessary information. Local dealerships or suppliers are typically the most responsive.\*\***

Name: \_\_\_\_\_ Your Account Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

.....  
Name: \_\_\_\_\_ Your Account Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

.....  
Name: \_\_\_\_\_ Your Account Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

.....  
*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 Leith 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



**Leith Automotive Group Wholesale Parts Network**

**attn: Leith AR Department (leithar@leithcars.com)**

Street Address: 8801 Durant Rd

Raleigh, NC 27616

Mailing Address: PO Box 40110

Raleigh, NC 27629

Phone: 919-876-5432

Fax: 919-981-1099

**Release Statement**

We realize that our relationship with you is only as strong as the trust 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 Leith Automotive Group permission to obtain your credit information.

*I (We) authorize the release on any bank or trade credit information requested by Leith 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.)*

NOTE: The exemption number required is different from your federal ID number. Most newer NC tax exemption numbers are nine (9) digits and begin with 600xxxxxx or 601xxxxxx.

Business Phone \_\_\_\_\_



# 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.

NC 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
--	------	---	-------------------------

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"/> E _____                                 | <input type="checkbox"/> L Other (explain) _____                       |
| <input type="checkbox"/> F _____                                 |  |
| <input type="checkbox"/> G Resale # _____                        |  |

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 \_\_\_\_\_