



Leith Automotive Group

Wholesale Parts Network

4800 Capital Blvd
Raleigh, NC 27616

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**. However, the dealerships that make up the **Leith Wholesale Network** 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 **Leith Automotive Group** dealerships by corporation. *Each corporation issues a combined monthly statement for its dealerships.*

Leith Inc.

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

Chris Leith Automotive

Chris Leith Kia
Chris Leith Dodge[‡]

Leith of Wendell (AutoPark East)

AutoPark East Kia
Leith Buick/Pontiac/GMC
Leith Chrysler/Dodge/Jeep[‡]
Leith Ford

AutoPark Imports Inc.

AutoPark Honda (Cary)
Leith Nissan
Leith Volkswagen Cary

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

- *Leith Acura (Cary)*
- *Leith Toyota*
- *Leith Chrysler/Dodge/Jeep (Aberdeen)[‡]*
- *Leith Honda (Aberdeen)[‡]*

[‡]*Not part of the Leith Wholesale Network*

In most cases, **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.

To help expedite the approval process, *please provide **complete contact information (mailing address, phone, fax), your account number and a specific contact for each listed reference***. Due to privacy concerns, most our credit checks are conducted via fax or mail.

If you have any questions concerning the application process, please feel free to call the accounting contacts listed on the application or our outside sales representative, **Jason Dunn (919-868-3112)**.

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



Leith Automotive Group Wholesale Parts Network
attn: Accounts Receivable (JoAnn Jones-Davis & Candace Wilson-Kearney)
 Street Address: 5601 Capital Blvd Raleigh, NC 27616
 Mailing Address: PO Box 40110 Raleigh, NC 27629
 Phone: 919-876-5432 Fax: 919-872-0312

Commercial Credit Account Application

Full Legal Business or Individual Name: _____

Doing Business As: _____

Billing Address: _____

Billing City: _____ State: _____ ZIP: _____

Shipping Address: _____

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 and attached. A copy of your Sales & Use Tax certificate issued by your state is also requested.)

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 and fax numbers.)

Please do not list contact information for CARQUEST, AutoZone or Advance Auto Parts as we typically are unable to obtain information from these companies.

Name: _____ Your Account Number: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Name: _____ Your Account Number: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Name: _____ Your Account Number: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____

E-mail 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 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



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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.)

Streamlined Sales and Use Tax Agreement Certificate of Exemption

Please complete only the lines marked with an arrow (➡). We will complete the other fields as needed.

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

Seller's address _____ City _____ State _____ Zip code _____

➡ 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 _____