

Lowe Automotive

1000 Camera Ave, Suite D

St Louis, MO 63126

Ph: 314-752-7477

Fax: 314-752-9887



Credit Application

Firm Name (Billing Address)		Phone #	Fax #
Street		P.O. Box	
City	State	ZIP	
Full Name of Owner or Owners (Or an Authorized Officer or Corporation) List Home Address and ZIP Code			
NAME	ADDRESS	TITLE	
Please Check One	Individual	Partnership	Corporation
	Fed Tax # (Corporation)		Wife's Name - (Individual Only)
If Incorporated, State in which Incorporated		Social Security # (For Partnerships or Individual)	
Type of Business		Date Started	
Name of Bank	Contact	Account #	
Address		Phone #	
City	State	ZIP	
Trade References			
NAME	ADDRESS	PHONE #	

Is Purchase Order Required? Yes No

Resale Tax # _____

Special Instructions _____

Attach Copy of Sales Tax Certification or Exemption

This is your Credit Contract

How much Credit on Open Account do you Require per Month? _____

Firm Name _____

Office Use Only:

Salesman Initials _____	Qualified Acct _____
Online Ordering -- WIP Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Viewable Location on WIP <input type="checkbox"/> 4 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40	

By _____

Must be signed by an Officer or Principal of Firm

Lowe Automotive



ALL INVOICES ARE DUE ON OR BEFORE THE THIRTIETH(30TH) OF THE MONTH FOLLOWING THE DATE OF PURCHASE. ONE AND A HALF PERCENT (1 1/2%) PER MONTH LATE CHARGE IS ADDED TO ALL DELINQUENT INVOICES. THIS IS AN ANNUAL RATE OF EIGHTEEN PERCENT. LATE CHARGES ARE ADDED AND BECOME PART OF THE PRINCIPLE OBLIGATION TO MAP.

ALL ACCOUNTS ARE PLACED ON A C.O.D. BASIS WHEN BECOMING THIRTY (30) DAYS PAST DUE. IF AN ACCOUNT BECOMES SIXTY (60) DAYS PAST DUE, THE ACCOUNT IS PLACED PERMANENTLY ON A COD BASIS. THIS ACCOUNT MUST BE PAID IN FULL EACH MONTH. PAYMENTS MAY NOT BE WITHHELD FOR AN ANTICIPATED CORE RETURNS OR PENDING WARRANTY.

THE PURCHASER AGREES TO PAY ALL ATTORNEY FEES AND/OR COURT COSTS AS MAY BE DEEMED REASONABLE IN THE EVENT LEGAL ACTION BECOMES NECESSARY TO COLLECT ANY OUTSTANDING BALANCE.

THE PARTY OR PARTIES SIGNING THIS APPLICATION CERTIFY THAT THE NAME OF THE FIRM AS STATED ABOVE IS CORRECT, THAT THE FIRM IS NOT INSOLUENT, AND THAT IF THE FIRM IS A CORPORATION, IT IS IN GOOD STANDING IN THEIR STATE OF INCORPORATION AND THE STATES THEY ARE AUTHORIZED TO DO BUSINESS

THE ABOVE INFORMATION, AS WELL AS THAT GIVEN ON THE REVERSE SIDE IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE/WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY

FOR OFFICE USE ONLY

Customer Number _____ Salesman's ID # _____ Name _____

Credit Limit _____ Ship to Code _____

Special Instructions



MISSOURI DEPARTMENT OF REVENUE
TAXATION BUREAU

SALES/USE TAX EXEMPTION CERTIFICATE

FORM
149
(REV. 4-2006)

**THIS FORM IS TO BE
GIVEN TO THE SELLER BY
THE PURCHASER.**

PART A

1. PURCHASER	DOING BUSINESS AS
ADDRESS	CITY, STATE, AND ZIP
2. SELLER Lowe Automotive Warehouse, Inc	DOING BUSINESS AS
ADDRESS 1000 Camera Ave, Suite D	CITY, STATE, AND ZIP Saint Louis, MO 63126
3. PRODUCT OR SERVICES PURCHASED	
4. PURCHASER'S TYPE OF BUSINESS	

5. CLAIMING EXEMPTION FROM SALES/USE TAX FOR:

- | | |
|---|--|
| <input type="checkbox"/> RESALE (COMPLETE PART B BELOW) | <input type="checkbox"/> MATERIAL RECOVERY PROCESSING |
| <input type="checkbox"/> MANUFACTURING MACHINERY, EQUIPMENT AND PARTS | <input type="checkbox"/> WHOLESALERS (TAX ID NOT REQUIRED) |
| <input type="checkbox"/> INGREDIENT / COMPONENT PART | <input type="checkbox"/> COMMON CARRIER |
| <input type="checkbox"/> AGRICULTURAL | <input type="checkbox"/> LOCOMOTIVE FUEL |
| <input type="checkbox"/> OTHER (EXPLAIN) | <input type="checkbox"/> MOTOR VEHICLE DEALER (Provide Dealer Registration Number) |

6. CLAIMING EXEMPTION FROM TIRE FEE FOR:

- | | |
|--|-----------------------------|
| <input type="checkbox"/> RESALE — REGISTERED TIRE RETAILER | MISSOURI TIRE FEE ID NUMBER |
| <input type="checkbox"/> FAMILY FARM / FAMILY FARM CORPORATION | |

7. CLAIMING EXEMPTION FROM LEAD-ACID BATTERY FEE FOR:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> RESALE — REGISTERED BATTERY RETAILER | MISSOURI BATTERY FEE ID NUMBER |
| <input type="checkbox"/> AGRICULTURAL OPERATIONS | |

PART B

IF CLAIMING EXEMPTION FOR RESALE, PLEASE COMPLETE THE FOLLOWING

1. PURCHASER'S HOME STATE	2. PURCHASER'S STATE TAX I.D. NUMBER (or Dealer Registration Number for exemption from sales/use tax only, if applicable)
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3. GENERAL DESCRIPTION OF PRODUCT TO BE PURCHASED FROM THE SELLER _____

Note: Illinois does not have an exemption on sales of property for subsequent lease or rental.

Caution to Seller: In order for the certificate to be accepted in good faith by the seller, the seller must exercise care that the property being sold is of a type normally sold wholesale, resold, leased, rented, or utilized as an ingredient or component part of a product manufactured by the buyer in the usual course of business. In some states or cities, a seller failing to exercise due care could be held liable for the sales tax due.

PART C

I SWEAR OR AFFIRM THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AS TO EVERY MATERIAL MATTER.

AUTHORIZED SIGNATURE (PURCHASER OR PURCHASER'S AGENT)	DATE
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