



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
If Incorporated, State in which Incorporated		Fed Tax # (Corporation)	
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:

By _____
Must be signed by an Officer or Principal of Firm

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



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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