



# South County Auto Parts

4273 Reavis Barracks St Louis, MO 63125  
Call Center: 314-677-6795 Fax: 314-544-8299



## 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        |                                 |
|   |            |             |             |  |              |                                 |
|   |            |             |             |  |              |                                 |
|   |            |             |             |  |              |                                 |
| <b>Please Check One</b>   | 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          |                                 |
| <b>Trade References</b>   |            |             |             |  |              |                                 |
| 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 \_\_\_\_\_

By \_\_\_\_\_  
Must be signed by an Officer or Principal of Firm

# South County Auto Parts



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 EAGLE AUTOMOTIVE.

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 INSOLVENT, 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 TRUEI/WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY

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FOR OFFICE USE ONLY

Customer Number \_\_\_\_\_ Salesman's ID # \_\_\_\_\_ Name \_\_\_\_\_

Credit Limit \_\_\_\_\_ Ship to Code \_\_\_\_\_

Special Instructions

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MISSOURI DEPARTMENT OF REVENUE  
TAXATION DIVISION  
**SALES/USE TAX, TIRE AND LEAD-ACID  
BATTERY FEE EXEMPTION CERTIFICATE**

FORM  
**149**  
(REV. 03-2009)

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

|  |   |
|--|---|
| <b>PART A</b>                          |   |
| 1. PURCHASER                           | DOING BUSINESS AS                                   |
| ADDRESS                                | CITY, STATE, AND ZIP                                |
| 2. SELLER                              | DOING BUSINESS AS<br><b>South County Auto Parts</b> |
| ADDRESS<br><b>4273 Reavis Barracks</b> | CITY, STATE, AND ZIP<br><b>St Louis, MO 63125</b>   |
| 3. PRODUCT OR SERVICES PURCHASED       |   |
| 4. PURCHASER'S TYPE OF BUSINESS        |   |

**5A. CLAIMING EXEMPTION FROM SALES/USE TAX FOR:**

|  |  |
|--|--|
| <input type="checkbox"/> RESALE (COMPLETE PART B BELOW)                            | <input type="checkbox"/> LOCOMOTIVE FUEL   |
| <input type="checkbox"/> MANUFACTURING MACHINERY, EQUIPMENT AND PARTS              | <input type="checkbox"/> RESEARCH AND DEVELOPMENT OF AGRICULTURAL BIOTECHNOLOGY PRODUCTS AND PLANT GENOMICS PRODUCTS AND PHARMACEUTICALS |
| <input type="checkbox"/> INGREDIENT / COMPONENT PART                               | <input type="checkbox"/> AIR AND/OR WATER POLLUTION CONTROL MACHINERY, EQUIPMENT, APPLIANCES AND DEVICES.                                |
| <input type="checkbox"/> AGRICULTURAL  | <input type="checkbox"/> OTHER (EXPLAIN) _____   |
| <input type="checkbox"/> MOTOR VEHICLE DEALER (Provide Dealer Registration Number) |  |
| <input type="checkbox"/> MATERIAL RECOVERY PROCESSING                              |  |
| <input type="checkbox"/> WHOLESALE (TAX ID NOT REQUIRED)                           |  |
| <input type="checkbox"/> COMMON CARRIER  |  |

**5B. CLAIMING PARTIAL EXEMPTION FROM SALES/USE TAX (LOCAL SALES TAX STILL APPLIES)**

|  |  |
|--|--|
| <input type="checkbox"/> RESEARCH AND DEVELOPMENT (Not exempt from local sales tax)*   | <input type="checkbox"/> MATERIALS, MACHINERY, AND EQUIPMENT USED OR CONSUMED IN MATERIAL RECOVERY PROCESSING PLANT (Not exempt from local sales tax)* |
| <input type="checkbox"/> MANUFACTURING CHEMICALS AND MATERIALS (Not exempt from local sales tax)*  |  |
| <input type="checkbox"/> UTILITIES/ENERGY & WATER, MACHINERY, EQUIPMENT USED OR CONSUMED IN MANUFACTURING (Not exempt from local sales tax)* |  |

**\* These exemptions apply to state tax (4.225%) and local use tax, but not local sales tax. The seller must collect and report local sales taxes imposed by political subdivisions.**

INFORMATION REQUIRED BY VENDOR: \_\_\_\_\_

**FOR UTILITIES/ENERGY & WATER EXEMPTION:**

PURCHASER'S MANUFACTURING METHOD OF CALCULATION:  SQUARE FOOTAGE  USE ANALYSIS

PERCENTAGE \_\_\_\_\_ %  OTHER \_\_\_\_\_

ENERGY ACCOUNT NUMBER(S): \_\_\_\_\_ (Attach list if necessary.)

**6. CLAIMING EXEMPTION FROM TIRE FEE FOR:**

|  |                        |
|--|------------------------|
| <input type="checkbox"/> RESALE — REGISTERED TIRE RETAILER     | MISSOURI TAX 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 TAX 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) |
| 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. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens.

|   |                        |
|---|------------------------|
| AUTHORIZED SIGNATURE (PURCHASER OR PURCHASER'S AGENT) | DATE<br>____/____/____ |
|---|------------------------|