



Isgett

DISTRIBUTORS, INC.

Full Line of Oils & Automotive Equipment

www.Isgett.net | (800) 358-0080 | Order@Isgett.net



Serving North & South Carolina, East Georgia & East Tennessee

Account Information Form

Name of Company: _____

Address of Company: _____

_____ County _____

Phone Number _____

Fax Number _____

E-Mail _____

Web Address _____

Type of Payment Desired COD 30 day term Credit Card

Accounts Payable Contact _____

Purchase Order Number Required: NO YES

Purchasing Contact _____

Equipment Required: NO YES, Equipment Needs _____

Signed _____

Date _____



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CREDIT APPLICATION

Corporation _____ Partnership _____ Sole Proprietorship _____ Individual _____

NAME: _____

OWNERS NAME: _____

BUSINESS ADDRESS: _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: () _____ FAX NUMBER: () _____

TYPE OF BUSINESS: _____

OFFICERS OF THE CORPORATION

PRESIDENT: _____ VICE PRESIDENT: _____

SECRETARY: _____ TREASURER: _____

EMAIL STATEMENT TO: _____

CITY: _____ STATE: _____ ZIP CODE: _____ ATTENTION: _____

CREDIT REFERENCES (Main Bank & Three Largest Suppliers)

<u>BANK / SUPPLIER NAME</u>	<u>ADDRESS</u>	<u>PERSON TO CONTACT</u>	<u>PHONE NUMBER</u>

CERTIFICATE OF RESALE NUMBER: _____ STATE: _____

FEDERAL TAXPAYER IDENTIFICATION NUMBER: _____ STATE: _____

DUNS NUMBER: _____

I/WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS CREDIT APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I/WE AUTHORIZE A REPRESENTATIVE OF ISGETT DISTRIBUTORS TO CONTACT THE BANKS LISTED ABOVE AND THE ENTITIES LISTED AS CREDIT REFERENCES TO VERIFY THE CORRECTNESS OF THIS APPLICATION. I/WE FURTHER AGREE TO PROVIDE ISGETT DISTRIBUTORS WITH ALL CHANGES TO THE INFORMATION PROVIDED IN THIS CREDIT APPLICATION. I/WE FURTHER AGREE TO PAY 1 ½ % INTEREST PER MONTH ON ANY OUTSTANDING BALANCES DUE TO ISGETT DISTRIBUTORS AND TO PAY AN ATTORNEY'S FEE OF 15% OF THE OUTSTANDING BALANCE OWED TO ISGETT DISTRIBUTORS ON THIS ACCOUNT IF LEGAL ACTION OF ANY KIND SHOULD BE REQUIRED TO COLLECT ANY AMOUNT DUE ON THIS ACCOUNT.

SIGNATURE

TITLE

DATE

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.
 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 _____

Streamlined Sales and Use Tax Agreement

Certificate of Exemption: Multistate Supplemental

Name of purchaser

State	Reason for exemption	Identification number (if required)
AR	_____	_____
GA	_____	_____
IA	_____	_____
IN	_____	_____
KS	_____	_____
KY	_____	_____
MI	_____	_____
MN	_____	_____
NC	_____	_____
ND	_____	_____
NE	_____	_____
NJ	_____	_____
NV	_____	_____
OH	_____	_____
OK	_____	_____
RI	_____	_____
SD	_____	_____
TN*	_____	_____
UT	_____	_____
VT	_____	_____
WA	_____	_____
WI	_____	_____
WV	_____	_____
WY	_____	_____

*SSUTA Direct Mail provisions are not in effect for Tennessee.