

Prostock Auto Parts Credit Application

330 North Midland Ave Saddle Brook, New Jersey 07663

(201) 796-7000 FAX (201) 796-7001



Date: ___/___/___

COMPANY LEGAL NAME: _____

COMPANY ADDRESS: _____

CITY _____ **STATE** _____ **ZIP:** _____ **PHONE:** _____ **FAX:** _____

CONTACT PERSON: _____ **EMAIL:** _____

How would you prefer to receive your Credits and Statements? Fax or Email Purchase Order Required: Y / N

ONLINE ORDERING PREFERENCE: www.PROSTOCKAUTOPARTS.COM or NEXPART **SERVICE WRITER PROGRAM:** _____

OWNER/PRINCIPAL INFORMATION:

Name of Owners or Officers	Home Address	Telephone	Drivers License	Social Security No.

BANK REFERENCES:

Bank Name	City, State	Telephone	Account No.	Officer / Contact

CREDIT REFERENCES:

Company Name	City, State	Telephone	Account No.	Contact

Terms and Conditions: Cash Account: Payment for all purchases are due the same day by close of business. Weekly Account: Statement for all purchases will be sent on Monday of the following week and due on Wednesday of that week. Monthly Account: Statement is mailed on the first of each month and due by the 10th. All accounts are subject to a monthly late fee of 1 1/2% on all past due balances. The terms and contract are enforceable in the courts of Bergen County, NJ. By signing this application, I authorize Prostock Auto Parts to investigate and verify my individual / company credit and all information listed above. I agree that if my company is turned over to an attorney, I will be responsible for all collection costs of 33.333% which is fair and reasonable, including costs of court, and all related fees should collection action be taken. A service charge of \$35. will be incurred for any returned check.

SIGNATURE: _____ **PRINTED:** _____ **TITLE:** _____

The undersigned personally guarantees and agrees to pay when due, or on demand, the full amount due to Prostock Auto Parts , by the company in connection with such sales on credit, plus attorney fees and collection costs. I understand that in the event of default, Prostock Auto Parts will pursue me personally for the amount due and may report on my personal credit file.

SIGNATURE: _____ **PRINTED:** _____ **DATE:** ___/___/___

INTERNAL USE:

New Account Number: _____

Online Ordering Activated: _____

Credit Application Scanned In Date: _____

State of New Jersey
DIVISION OF TAXATIONSALES TAX
FORM ST-3

The seller must collect the tax on a sale of taxable property or services unless the purchaser gives him a properly completed New Jersey exemption certificate.

PURCHASER'S NEW JERSEY
TAXPAYER REGISTRATION NUMBER

RESALE CERTIFICATE

To be completed by purchaser and given to and retained by seller. See instructions on back.
Seller should read and comply with the instructions given on both sides of an exemption certificate.

TO Prostock Auto Parts

Date

(Name of Seller)

330 North Midland Avenue

Saddle Brook

NJ

07663

Address

City

State

Zip

The undersigned certifies that:

- (1) He holds a valid Certificate of Authority (number shown above) to collect State of New Jersey Sales and Use Tax.
- (2) He is principally engaged in the sale of (indicate nature of merchandise or service sold):
- (3) The merchandise or services being herein purchased are described as follows:
- (4) The **merchandise** described in (3) above is being purchased: *(check one or more of the blocks which apply)*
 - (a) For resale in its present form.
 - (b) For resale as converted into or as a component part of a product produced by the undersigned.
 - (c) For use in the performance of a taxable service on personal property, where the property which is the subject of this Certificate becomes part of the property being serviced or is later transferred to the purchaser of the service in conjunction with the performance of the service.
- (5) The services described in (3) above are being purchased: *(check the block which applies)*
 - (a) By a seller who will either collect the tax or will resell the services.
 - (b) To be performed on personal property held for sale.

I, the undersigned purchaser, have read and complied with the instructions and rules promulgated pursuant to the New Jersey Sales and Use Tax Act with respect to the use of the Resale Certificate, and it is my belief that the seller named herein is not required to collect the sales or use tax on the transaction or transactions covered by this Certificate. The undersigned purchaser hereby swears under the penalties for perjury and false swearing that all of the information shown in this Certificate is true.

NAME OF PURCHASER

(as registered with the New Jersey Division of Taxation)

(Address of Purchaser)

By

(Signature of owner, partner, officer of corporation, etc.)

(Title)