



AMERICA'S LEADER IN CORVETTE PARTS



THANK YOU FOR YOUR INTEREST IN CORVETTE CENTRAL'S WHOLESALE PROGRAM

ALL APPLICANTS MUST SUBMIT THE FOLLOWING:

- Completed Application
- Completed Tax-Exempt Sale Form
- Copy of State Sales Tax License or State Re-Sale Certificate (**NO EXCEPTIONS**)*
- Completed Credit Card Application (**REQUIRED TO USE YOUR CREDIT CARD**)
- Wholesale Accounts **MUST** operate an Automotive Business, Open to the public for Automotive Sales, Service and Parts.

* A State sales tax license or state re-sale certificate is required in order to be enlisted in Corvette Central's wholesale program. This is for your protection, as well as ours. If you do not have a sales tax license or state re-sale certificate, please inquire about becoming a member of our Start to Finish discount program.

When all required information has been received, your application will be processed. Please allow 2 business days for processing and approval.

INTRODUCTION TO OUR WHOLESALE PROGRAM

- There are 3 classifications offered in our wholesale program: General Trade, Preferred Trade and Jobber
- Company policy requires **ALL** new applicants start at General Trade status. Preferred Trade status is available when your initial order is \$5,000.00 (At List).

GENERAL TRADE DISCOUNTS

- Basic discount is 15% (depending on product class)
- Upon approval of application you will receive the following:
 - Confirmation of your wholesale status
 - Customer account number (existing customer account number will reflect wholesale status)
 - Current catalogs, information on "Long Deal" and other "Target" programs
 - Discount chart and access to our dealer website

Please read all wholesale information accompanying this application



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APPLICATION FOR WHOLESALE STATUS

(Please print or type)

BUSINESS INFORMATION:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-mail address _____

Type of Business: Corporation ___ Partnership ___ Sole Proprietor ___

State Sales Tax ID # _____ Number of Years in Business _____

Primary Service or Products Sold _____

List of authorized purchasers:

Name Title

Name Title

Name Title

Names of Owners, Officers or Partners with home address and home phone number must be listed in the following section to be accepted into our wholesale program. NO EXCEPTIONS!

Name

Name

Address

Address

City / State / Zip

City / State / Zip

Home Phone

Home Phone

All information is kept in strict confidence and used only as intended by Corvette Central.

Print Name _____

Title _____

Signature _____

Date _____



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WHOLESALE ACCOUNT CREDIT CARD INFORMATION FORM

This option is intended for you, the business owner only.
We cannot accept your customer or employee's credit card for payment of your orders.
Please make sure you sign the application.

Customer Number Business Name

Business Shipping Address

City State Zip Code

Business Phone Number Home Phone Number

CARD INFORMATION

Card Type: MC VISA DISCOVER AMEXP Expiry Date

Card Number: Issuing Bank:

Cardholder Name:

Billing Address:

City: State: Zip:

Phone Number:

I, the cardholder, authorize Corvette Central to charge my purchases to the above listed card, and to ship to my business address or directly to my customer.

Signature Date

ALTERNATE CARD INFORMATION

Card Type: MC VISA DISCOVER AMEXP Expiry Date

Card Number: Issuing Bank:

Cardholder Name:

Billing Address:

City: State: Zip:

Phone Number:

I, the cardholder, authorize Corvette Central to charge my purchases to the above listed card, and to ship to my business address or directly to my customer.

Signature Date



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SALES AND USE TAX CERTIFICATE OF EXEMPTION

SECTION 1: CHECK ONE OF THE FOLLOWING

One time purchase

Blanket certificate. Expiration date, maximum of four years:

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made from the vendor listed below. This certifies that this claim is based upon the purchaser's proposed use of the items or services, OR the status of the purchaser.

Corvette Central 13550 Three Oaks Rd. Sawyer, MI 49125

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE (Check one of the following)

All items purchased.

Limited to the following items:

SECTION 3: BASIS FOR EXEMPTION CLAIM (Check one of the following)

For Resale at Retail - Sales Tax License Number:

Industrial Processing %

Other (explain):

SECTION 4: CERTIFICATION

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

Type of Business

Business Name

Business Address

City, State, ZIP Code

Business Telephone Number (include area code)

Name (print or type)

Signature and Title

Date

REMEMBER: YOU MUST INCLUDE A COPY OF YOUR STATE SALES TAX LICENSE ALONG WITH THIS FORM OR YOUR APPLICATION WILL NOT BE PROCESSED