

## THANK YOU FOR YOUR INTEREST IN CORVETTE CENTRAL'S WHOLESALE PROGRAM. ALL APPLICANTS ARE REQUIRED TO SUBMIT THE FOLLOWING:

- Wholesale Accounts MUST operate an Automotive Business, open to the public for Sales and Service of Parts.
- Completed Application Form
- Completed Tax-Exempt Sale Form for your home state. You may be charged sales tax on drop shipments outside your home state based on Economic Nexus rules.
   A digital Copy will be required by email of your Tax License or State Re-Sale Certificate
- \* A State sales tax license or state re-sale certificate is required in order to qualify for 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 reviewed and 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 \$10,000.00 (At Retail).

**GENERAL TRADE DISCOUNTS -** Qualifying Annual Minimum - \$500.00 Discounts range from 0-15% (depending on product class)

- PREFERRED TRADE DISCOUNTS Qualifying Annual Minimum \$10,000.00
   Discounts range from 0-22% (depending on product class)

   JOBBER Qualifying Annual Minimum \$20,000.00
   Discounts range from 0-26% (depending on product class)
- Upon Approval of your application you will receive the following:
  - Confirmation of your wholesale status
  - Customer account number (existing customer account number will reflect wholesale status)

## WHOLESALE ACCOUNT BUSINESS INFORMATION

(Please print or type)



**Customer Number: BUSINESS INFORMATION** Company Name: Address: City: State: Zip: Phone Number: **Email Address:** Type of Business: Corporation Partnership Sole Proprietor State Sales Tax ID# Years in Business: (We will also require a copy of your certificate) Primary Service or Products Sold: **List of Authorized Purchasers** Title: Name: Email: Title: Name: Email: Title: Name: Email: Names of All Owners & Partners with home address and cell phone numbers. Name: Name: Home Home Address: Address: City: City: Zip: State: State: Zip: Cell Phone: Cell Phone: \*All information is required to be a member of our Wholesale Program. All information is kept in strict confidence and used only as intended by Corvette Central. Print Name:

Please email to wholesale@corvettecentral.com with a copy of your sales tax license.

Date:

Signature: