



**AUTO SUPPLY &  
INVENTORY  
MANAGEMENT**

**Account Application - Business  
Information**

Office Use Only	Date: _____
	Sales Rep: _____
	Route Listing: _____

USS Auto Parts, LLC  
410 Reeder Rd. Seagrove, NC 27341

Business Name: \_\_\_\_\_  
(If available, please attach a business card)

Owner/Manager: \_\_\_\_\_

Other Contact(s): \_\_\_\_\_ Position: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ - type (circle one): Cell Office

Fax (if applicable): \_\_\_\_\_ Email: \_\_\_\_\_

Check here \_\_\_\_ to be opted **out** of our email list for new products, promotions, and sales

**Billing Address**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Shipping/Delivery Address** \_\_\_\_ check here if same as billing)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Complete and return the following forms **BEFORE** placing an order:

☐ E-595E Tax Agreement ☐ Payment Terms & ACH Authorization

For Office Use Only

☐ New Folder ☐ Add to Route Listing ☐ Payment Terms / ACH Authorization Form ☐ Marketing Opt-Out



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# Payment Terms Agreement & Electronic Payment (ACH) Authorization

## USS Auto Parts, LLC Payment Terms

- **FOR LOCAL SERVICE AREA CUSTOMERS-** USS Auto Parts, LLC company payment terms are COD (Collect On Delivery), *unless otherwise approved*, to be paid in the form of Cash, Check, Credit Card, or ACH Bank Payment authorization. Cash and Check payments can be received in person; Credit Card and ACH payments can be made by calling our office for authorization, or through your USS Auto Parts, LLC Shop Portal account. (Contact your Sales Rep for more information)
- After 90 days upon account creation, after approval, USS Auto Parts, LLC company payment terms are Net 30, to be paid in the form of Cash, Check, Credit Card, or ACH on a weekly, bi-weekly, or monthly basis. (ACH weekly or monthly only)
  - **LOCAL SERVICE AREA CUSTOMERS** - Cash and Check Payment can be received in person by Sales Representatives or Sales Managers.
  - ACH payments may be made weekly or monthly through the USS Auto Parts, LLC Shop Portal (please fill out form below), or by calling our office to remit payment.
  - Credit Card payment can be made through the USS Auto Parts, LLC Shop Portal, or by calling our office to remit payment. *Credit Card payments are subject to a 3% + \$0.10 service fee.*
  - Payment by check may also be mailed to: *USS Auto Parts, LLC 410 Reeder Rd. Seagrove, NC 27341*
- Late Payments are subject to interest charges.
- Checks or ACH transactions returned for Non-Sufficient Funds (NSF) will be subject to a \$25.00 fee.

I hereby understand the above payment terms:

\_\_\_\_\_  
Signature (please type FULL name)

\_\_\_\_\_  
Date

## Electronic Payment Authorization *(optional)*

*(The information recorded on this form will be electronically stored in an encrypted & secure location)*

Thank you for agreeing to pay your invoices using our Bill & Pay electronic payment system. Banking rules require that you give your approval to pay your invoices electronically. This approval is active until you notify us that you want to stop using the electronic payment process. **Notification to cancel automatic payments must be received by our office at least 10 days before your next withdrawal date.**

### Billing Information

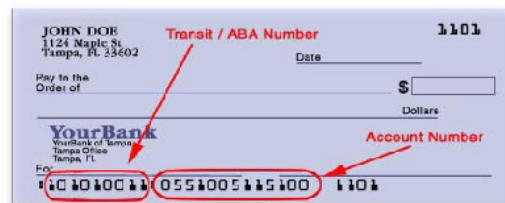
Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

### Bank Details

☐ Checking ☐ Savings | Account Type: ☐ Business ☐ Personal

Bank Or Credit Union Name		
Street Address		
City	State	Zip
Transit Number		Acct Number



### Transaction Options *(must pick one)*

☐ Authorize EACH transaction - I understand I am responsible for paying the full account balance within the payment terms- \_\_\_\_ (initial)

☐ Recurring Automatic Payment? Frequency: ☐ Weekly ☐ Monthly: Withdraw funds on the \_\_\_\_ day of each month

I, \_\_\_\_\_ hereby authorize USS Auto Parts, LLC to initiate entries to my checking or savings account at the financial institution listed above. This authority will remain in effect until five(5) business days after I provide written or electronic notice to cancel it. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF) I understand that USS Auto Parts, LLC may at its discretion attempt to process the charge again within 30 days, and may charge an additional \$25.00 fee for each returned NSF which will be initiated as a separate transaction from the authorized payment. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

\_\_\_\_\_  
Your Signature (please type FULL name)

\_\_\_\_\_  
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 of issue	State issued ID number number	Foreign diplomat number

Name of seller from whom you are purchasing, leasing, or renting

USS AUTO PARTS LLC

Seller's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

410 REEDER ROAD SEAGROVE NC 27341

**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 checked="" type="checkbox"/> 20 Other (explain) <u>AUTO PARTS</u> |

**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"/> E _____                                 | <input type="checkbox"/> L Other (explain) _____                       |
| <input type="checkbox"/> F _____                                 |  |
| <input checked="" type="checkbox"/> G Resale # <u>0090518</u>    |  |

**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 (please type FULL) name \_\_\_\_\_ Print name here \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_