

**MAUI AUTO PARTS, LLC
360 HOOKAHI STREET
WAILUKU, HI 96793
CREDIT APPLICATION**

Date: _____

Business: _____

Business Address: _____

City: _____ **Zip Code:** _____

Phone number: _____ **Fax number:** _____

E-Mail address: _____

Entity of Business: Sole Proprietor; Partnership; Corporation

Names of Owners, Officers, Partners, Purchasers:

1. _____ **Title:** _____

2. _____ **Title:** _____

3. _____ **Title:** _____

4. _____ **Title:** _____

Type of business: _____

Date started: ___/___/___ **How many year(s) at the above business address:** _____

Business address is: Owned Rent/leased **expiration date:** _____

References:

Bank: _____ **phone no.:** _____

Bank's Address: _____

Principal Suppliers:

1. _____ **Phone:** _____

2. _____ **Phone:** _____

3. _____ **Phone:** _____

4. _____ **Phone:** _____

I, (WE), have read this application and everything I have stated is true. I authorize Maui Auto Parts, LLC., to review my credit and business histories, and any other information in order to process this application in order to service and manage my account.

I, (WE) do hereby agree to the seller's (Maui Auto Parts, LLC) terms and conditions of sale as documented by the seller and agree to make all timely payment as due. In case of any action(s) is/are instituted to collect any overdue portions of my account, I (WE) promised to pay such additional sum as court may adjudge reasonable for attorney's fee to be allowed in said suit or action.

The under signed states that person is benefited from the extension of credit to the application and personally guarantee payment for the products and supplies purchased from Maui Auto Parts, LLC together with any interests, costs and fees for which the applicant is liable.

ACKNOWLEDGMENT: Your signature on Maui Auto Parts, LLC. application form constitutes your acknowledgment that you have read and understand the aforementioned notice.

Name: _____ Title: _____

Signature: _____ Date: _____

Name: _____ Title: _____

Signature: _____ Date: _____

Please note: Name and Signature must be an owner, officer, and/or partner.

Maui Auto Parts Salesman: _____

STATE OF HAWAII — DEPARTMENT OF TAXATION
RESALE CERTIFICATE FOR GOODS
GENERAL FORM 1

Clear Form

(PLEASE PRINT OR TYPE)

Note: If your purchases do not qualify for the 1/2% wholesale rate, please see Form G-82 for the phased-in wholesale rate.

To _____
(Name of Seller)

(Address of Seller)

(Date of this Certificate)

(City) (State) (ZIP Code)

The undersigned hereby certifies:

- That the Purchaser is the holder of Hawaii G.E./Use Identification No. _____ under the General Excise Tax Law and subject to the taxing jurisdiction of the State;
- That the nature and character of the Purchaser's business is:

_____;
- That this Certificate, until revoked by notice in writing, shall apply to all purchases of tangible personal property which the Purchaser shall purchase from the Seller named above except those orders which the Purchaser specifies by notice in writing that this Certificate does not apply;
- That all of the purchases of tangible personal property to which this Certificate applies:
 - are purchases for resale at retail under Chapter 237, Hawaii Revised Statutes (HRS); **and/or**
 - are purchases for resale at wholesale under Chapter 237, HRS;
- That the Purchaser, pursuant to Chapter 237, HRS, as amended, and Hawaii Administrative Rules, relating to resale certificates, sales at wholesale, and the exemption for initial wholesale sales of property imported for further resale at wholesale, shall pay to the seller, the amount of any additional tax imposed upon the seller with respect to any transactions covered by this certificate; **AND**
- Further certifies to the foregoing as Purchaser or as an authorized agent or representative of the named Purchaser under the penalties set forth in section 231-36, HRS.

Name of Purchaser

Signature

Address of Purchaser

Print Name of Signatory

City State Zip Code

Title (Owner, Partner or Member, Officer, or Duly Authorized Agent) Date

Seller should retain this Certificate for Seller's files. Do NOT send to the Department of Taxation.