

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

Mahalo for applying! How did you hear about us? _____

Date: _____ **Business Name:** _____

Billing Address: _____

Shipping Address: _____

Phone #: _____ **Fax #:** _____

E-mail Address: _____ (Monthly Statements will be emailed only)

Name & Phone # of Purchasers: _____

Entity of Business: Sole Proprietor Partnership Corporation

Name of Owners, Officers, Partners:

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 **Exp. Date:** _____

References:

Bank: _____ **Phone No.:** _____

Bank's Address: _____

I would like to open a cash account.

I would like my purchases charged on my credit or debit card. (Visa or MasterCard only)

I would like to open a charge account. I will provide 4 current supplier that I currently have charge privileges. Your account will be set as cash or credit card until we receive favorable credit report from 4 suppliers.

Principal Suppliers:

- 1. _____ Phone: _____
Fax: _____
- 2. _____ Phone: _____
Fax: _____
- 3. _____ Phone: _____
Fax: _____
- 4. _____ Phone: _____
Fax: _____

I, (WE), have read this application and everything I have stated is true. I authorize MAUI AUTO PARTS to review my credit and business histories, and any other information to process this application to service and manage my account.

I, (WE), do hereby agree to the seller’s (MAUI AUTO PARTS.) 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), promise to pay such additional sum as court may adjudge reasonable for attorney’s fee to be allowed in said suit of 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 together with any interests, costs and fees for which the applicant is liable.

ACKNOWLEDGMENT: Your signature on MAUI AUTO PARTS 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 of an owner, officer, and/or partner.

MAUI AUTO PARTS Salesman:

email:

**RESALE CERTIFICATE FOR GOODS
GENERAL FORM 1**

(PLEASE PRINT OR TYPE)

To _____
Name of Seller

Address of Seller

Date of this Certificate

City State Postal/ZIP Code

The undersigned hereby certifies the following under the penalties set forth in section 231-36, Hawaii Revised Statutes (HRS), as Purchaser or as an authorized agent or representative of the named Purchaser:

That the Purchaser is the holder of Hawaii Tax Identification No. **GE** _____ - _____ - _____ - _____ 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 or leases under Chapter 237, HRS; **and/or**
- are purchases for resale at wholesale under Chapter 237, HRS;

That the Purchaser, pursuant to section 237-13(2)(F)(i), HRS, and section 18-237-13-02(d)(2)(B), Hawaii Administrative Rules, shall pay to the seller the amount of any additional tax imposed upon the seller with respect to any transactions covered by this certificate.

Name of Purchaser

Signature

Address of Purchaser

Print Name of Signatory

City State Postal/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.