



# **CREDIT APPLICATION**

Legal Name: \_\_\_\_\_

( ) Corporation

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

( ) Proprietorship

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

( ) Partnership

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Under Current Ownership Since: \_\_\_\_\_

Sales Tax Exempt: Yes \_\_\_\_\_ No \_\_\_\_\_

State/Sales Tax # \_\_\_\_\_

Purchase Order Required: Yes \_\_\_\_\_ No \_\_\_\_\_

Which location are you applying for credit?

Back Orders Accepted: Yes \_\_\_\_\_ No \_\_\_\_\_

( ) North Kansas City ( ) Omaha

Name and Addresses of Proprietor, Partners, or Officers:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

If Proprietor or Partner, Give SSN and DOB:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Payment of this account is personally guaranteed by: \_\_\_\_\_

Bank and Credit References:

Bank Name: \_\_\_\_\_ Chk. Acct. # \_\_\_\_\_ Phone: \_\_\_\_\_

1.) Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

2.) Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

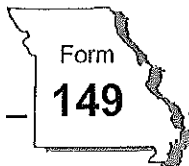
3.) Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Credit will be extended from AA Wheel & Truck Supply, Inc. on the following terms:

1. Our terms NET 30 which means after receipt of invoice, your payment is due 30 days from Invoice Date and is considered delinquent beyond that date.
2. Accounts over 30 days delinquent may be subject to credit hold.
3. All past due accounts will bear interest at 18% per ANNUM.
4. If your account is turned over to attorney for collection, you agree to pay reasonable attorney fees and collection costs.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

MISSOURI DEPARTMENT OF  
**REVENUE****Sales and Use Tax Exemption Certificate**

Caution to seller: In order for the certificate to be accepted in good faith by the seller, the seller must exercise care that the property being sold is exempt. When a purchaser is claiming an exemption for purchases of items that qualify for the full manufacturing exemption and other items that only qualify for the partial manufacturing exemption, the seller must make certain the correct amount of tax is charged for each item purchased.

<b>Purchaser</b>	Name		Missouri Tax I.D. Number	
	Contact Person	Doing Business As Name (DBA)	SSN/FEIN	
	Address	City	State	ZIP Code
	Describe product or services purchased exempt from tax		Telephone Number	
	Type of business			

<b>Seller</b>	Name AA WHEEL & TRUCK SUPPLY		Telephone Number (8 1 6) 2 2 1 - 9 5 5 6	
	Contact Person	Doing Business As Name (DBA)		
	Address 717 E. 16TH AVE.	City NORTH KANSAS CITY	State MO	ZIP Code 64116

<b>Resale - Exclusion From Sales or Use Tax</b>	<input type="checkbox"/> Purchases of Tangible Personal Property for resale: <i>Retailer's State Tax ID Number</i> _____ <i>Home State</i> _____ (Missouri Retailers must have a Missouri Tax I.D. Number)
	<input type="checkbox"/> Purchases of Taxable Services for resale (see list of taxable services in instructions) <i>Retailer's Missouri Tax I.D. Number</i> _____ (Resale certificate cannot be taken by seller in good faith unless the purchaser is registered in Missouri)
	<input type="checkbox"/> Purchases by Manufacturer or Wholesaler for Wholesale: <i>Home State</i> : _____ (Missouri Tax I.D. Number may not be required)
	<input type="checkbox"/> Purchases by Motor Vehicle Dealer: <i>Missouri Dealer License Number</i> _____ (Only for items that will be used on vehicles being resold) (An Exemption Certificate for Tire and Lead-Acid Battery Fee (Form 149T) is required for tire and battery fees)

<b>Manufacturing Full Exemptions</b>	These apply to state and local sales and use tax.	
	<input type="checkbox"/> Ingredient or Component Part	<input type="checkbox"/> Plant Expansion
	<input type="checkbox"/> Manufacturing Machinery, Equipment, and Parts	<input type="checkbox"/> Research and Development of Agricultural Biotechnology Products and Plant Genomics Products and Prescription Pharmaceuticals
	<input type="checkbox"/> Material Recovery Processing	

<b>Manufacturing Partial Exemptions</b>	These only apply to state tax (4.225%) and local use tax, but not sales tax. The seller must collect and report local sales taxes imposed by political subdivisions.	
	<input type="checkbox"/> Research and Development	<input type="checkbox"/> Manufacturing Chemicals and Materials
	<input type="checkbox"/> Machinery and Equipment Used or Consumed in Manufacturing	
	<input type="checkbox"/> Materials, Chemicals, Machinery, and Equipment Used or Consumed in Material Recovery Processing Plant	
	<input type="checkbox"/> Utilities or Energy and Water Used or Consumed in Manufacturing (Must complete below)	
Purchaser's Manufacturing Percentage _____ %		
Purchaser's Square Footage _____		

<b>Other</b>	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Common Carrier	<input type="checkbox"/> Locomotive Fuel	<input type="checkbox"/> Air and Water Pollution Control, Machinery, Equipment, Appliances and Devices
	Indicate USDOT or MC#: _____			
	<input type="checkbox"/> Commercial Motor Vehicles or Trailers Greater than 54,000 Pounds (Note: Vehicle must be registered as the identified purchaser or DBA as above.)	<input type="checkbox"/> Other _____		

<b>Signature</b>	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.		
	Signature (Purchaser or Purchaser's Agent)	Title	Date (MM/DD/YYYY)
			____/____/____

If you have questions, please contact the Department of Revenue at:

Phone: (573) 751-2836

TTY: (800) 735-2966

Fax: (573) 522-1666

E-mail: [salestaxexemptions@dor.mo.gov](mailto:salestaxexemptions@dor.mo.gov)

Visit [dor.mo.gov/taxation/business/tax-types/sales-use/exemptions.php](http://dor.mo.gov/taxation/business/tax-types/sales-use/exemptions.php) for additional information.

**Ever served on active duty in the United States Armed Forces?**

If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals. A list of





## Purchaser and Seller Information

## Exemption From Tire Fee

## Exemption from Lead-Acid Battery

**Signature**



**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the  
requester. Do not  
send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	<b>2</b> Business name/disregarded entity name, if different from above.		
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)	
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>		
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
<b>6</b> City, state, and ZIP code			
<b>7</b> List account number(s) here (optional)			

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Dear Valued Customer,

Please review the following updates regarding our invoicing and collections process:

1. All invoices for customers with established credit terms will now follow net 30 payment terms.
2. AA Wheel & Truck Supply has partnered with Sallyport Commercial Finance, LLC, who will now manage the administrative function of collecting payments on our behalf.
3. Effective immediately, all future payments on invoices issued by AA Wheel & Truck Supply must be remitted directly to Sallyport using the following payment methods:

**Payments via Mail:**

Sallyport Commercial Finance, LLC  
P.O. Box 4776, #100  
Houston, TX 77210-4776

**OR**

**Electronic Payments (ACH):**

Account Name: Sallyport Commercial Finance, LLC  
Bank Name: Northrim Bank  
Account No: 3183479405  
ABA/Routing No: 125200934  
Swift Code: NOTIUS82

Frequently Asked Questions:

**Do I still put AA Wheel & Truck Supply as my "Pay to the order of" on my checks/payments?**

Yes, you can still make checks out to AA Wheel & Truck Supply; but you will need to send your payment to Sallyport at their P.O. Box in Texas (above).

**If I send payments via ACH or Credit Card, where do I send my remittance information to?**

Please send your ACH or Credit Card remittance information to [payments@sallyportcf.com](mailto:payments@sallyportcf.com)