Domestic Dealer Application



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INSTRUCTIONS

<u>Dealers Must Include a Copy of Original Federal Tax ID # and Business License</u> <u>All Documents Shall Be Filled Out, Including General Sales Tax Exemption Form If Preferred Payment is Credit Card or C.O.D, Bank Information May Be Omitted</u>

Business Information						
Company Legal Name:						
Doing Business As:						
Bill to Street Address:	1					
City: State:			Zip Code:			
Ship to Street Address:						
City: State:			Zip Code:			
	_					\neg
Phone:		Fax:				4
Web:		En	nail:			
Corporation LLC	_	Sole Proprie	etor		Partnership	
Principal:		Tit	le:			
Principal:		Tit	Title:			
Principal:		Tit	Title:			
Parts Manager:		Ac	Accounting:			
Federal Tax ID:		Sta	State Tax #:			
Business License:		Ye	ar Established:			
It is agreed that all merchandise remains the propert signature attests financial responsibility, ability, and verification in the products of terms and conditions of sale. If the application, the expenses of collection including reason payment will not be deemed a waiver of the right to (RUSH Racing Products) may have on any future of Productions, Inc. (RUSH Racing Products) at any time. We certify that all the information on these forms is	willingness to pact that the cant fails to make on the attorneys' demand prompicasion. The appene.	y invoices in a e payment as f fees shall be t payment in f plicant unders	accordance with required and if s imposed. Accept all or a waiver of tands this applic	Exhaust Pro ervices of at otance of pay f any right o ation may be	oductions, Inc. (RUSH torney are employed to rment in arrears or of premedy Exhaust Proceed revoked or rejected by	Racing effect partial duction, Inc.
Name of Firm:		Corpor	ate Officer Signa	ature:		

Payment Information (Check One)

		Net 10	C.O.D	Visa Maste	erCard 🗖
	Card #: .				
	Exp:	/	_ CVV:		
Billing Address:					
City:			State:	Zip Code:	
			Bank Info (Not Applicable for C e Exhaust Product hat you have supp	.O.D or Credit Card) tion, Inc. (RUSH Ra	cing Products) to make inquiries into
Name of Bank:					
Address:					
City:			State:	Zip Code:	
Phone:			Fax:		
Account Officer	r:				
Account Office	r Email:				
Account #:			_		
Estimated Line	of Credit:				
1.		<u>B</u> :	usiness/Trac	de References	
Company Name:	:				
Address:			,		
City:			State:	Zip Code:	
2.					
Company Name:	:				
Address:					
City:			State:	Zip Code:	
3.					
Company Name:	:				
Address:					
City:			State:	Zip Code:	

^{*} To receive tax exemption, the following Indiana Department of Revenue (*General Sales Tax Exemption Certificate*) must be filled out. Please include a copy of your <u>Federal Tax ID#, State Tax #,</u> and <u>Business License</u> with this application. Failure to provide proper documentation will prolong account set up.

Form ST-105

State Form 49065 R4/ 8-05

Indiana Department of Revenue General Sales Tax Exemption Certificate

Indiana registered retail merchants and businesses located outside Indiana may use this certificate. The claimed exemption must be allowed by Indiana code. Exemption statutes of other states are not valid for purchases from Indiana vendors. This exemption certificate can not be issued for the purchase of <u>Utilities</u>, <u>Vehicles</u>, <u>Watercraft</u>, or <u>Aircraft</u>. Purchaser must be registered with the Department of Revenue or the appropriate taxing authority of the purchaser's state of residence.

Sales tax must be charged unless all information in each section is fully completed by the purchaser. Purchasers not able to provide all required information must pay the tax and may file a claim for refund (Form GA-110L) directly with the Department of Revenue.

	Name of Purchaser								
(Alu	Business Address City State _	Zip							
Section 1 (print only)	Purchaser must provide minimum of one ID number below.*								
	Provide your Indiana Registered Retail Merchant's Certificate TID and LOC Number as shown on your Certificate	_							
	TID# (10 digits) If not registered with the Indiana DOR, provide your State Tax ID Number from another State	LOC# (3 digits)							
	*See instructions on the reverse side if you do not have either number. State ID#	State of Issue							
Section 2	Is this a blanket purchase exemption request or a single purchase exemption request? (check one) Description of items to be purchased.								
	Purchaser must indicate the type of exemption being claimed for this purchase. (check one or explain)								
	☐ Sales to a retailer, wholesaler, or manufacturer for resale only.								
	☐ Sale of manufacturing machinery, tools, and equipment to be used directly in direct production .								
Section 3	Sales to nonprofit organizations claiming exemption pursuant to Sales Tax Information Bulletin #10. (May not be used for personal hotel rooms and meals.)								
	Sales of tangible personal property predominately used (greater then 50 percent) in providing public transportation - provide USDOT#. A person or corporation who is hauling under someone else's motor carrier authority, or has a contract as a school bus operator , must provide their SS# or FID# in lieu of a State ID# in Section #1. USDOT#								
	□ Sales to persons, occupationally engaged as farmers, to be used directly in production of agricultural products for sale. Note: A farmer not possessing a State Business License# may enter a FID# or a SS# in lieu of a State ID# in Section #1.								
	☐ Sales to a contractor for exempt projects (such as public schools, government, or nonprofits).								
	☐ Sales to Indiana Governmental Units (agencies, cities, towns, municipalities, public schools, and state universities).								
	Sales to the United States Federal Government - show agency name. Note: A U.S. Government agency should enter its Federal Identification Number (FID#) in Section #1 in Its								
	Other - explain.								
	I hereby certify under the penalties of perjury that the property purchased by the use of this exemption certify purpose pursuant to the State Gross Retail Sales Tax Act, Indiana Code 6-2.5, and the item purchased is not a utility	icate is to be used for an exempt ity, vehicle, watercraft, or aircraft.							
Section 4	I confirm my understanding that misuse, (either negligent or intentional), and/or fraudulent use of this certificate may subject both me personally and/or the business entity I represent to the imposition of tax, interest, and civil and/or criminal penalties.								
Sec	Signature of Purchaser								
	Printed Name	Title							

The Indiana Department of Revenue may request verification of registration in another state if you are an out-of-state purchaser.

Seller must keep this certificate on file to support exempt sales.