SPARTANBURG

DODGE CHRYSLER Jeep Inc.

8200 FAIRFOREST RD, SPARTANBURG, SC 29303

Toll-Free: (800) 849-3691 Direct: (864) 580-2400

Application for Credit

Company Name: _____

Mailing/Street Address: _____

A/P Contact & Phone#: _____

Company Phone: _____ Email: _____

Type of Business: _____ Years in Business: _____

_____ Corporation _____ Partnership _____ Sole Ownership _____ LLC

Ownership

Name of Owner: _____ Phone: _____

Home Address: _____

A/P Contact Name: _____ Phone: _____

Email Address to Receive Monthly Electronic Statements: _____

Trade References for Parts Purchases

Company Name: _____ Phone: _____

Address: _____ Email: _____

Company Name: _____ Phone: _____

Address: _____ Email: _____

Company Name: _____ Phone: _____

Address: _____ Email: _____

Bank References

Bank Name: _____ Phone: _____

Address: _____

All statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application.

Please email to heather@spartanburgcdjr.com or mail to the address above. To expedite the process, you can send the Credit Reference Form directly to your references. Please indicate on this form that you did so.

_____ _____

Signature of Applicant Printed Name & Title of Applicant

DODGE CHRYSLER Jeep RAM

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *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.

1 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.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: 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.

☐ Other (see instructions)

4 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.)

3b 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 . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 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.

Sign Here	**Signature of U.S. person**	**Date**

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*.

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

1350

dor.sc.gov

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

RESALE CERTIFICATE

ST-8A
(Rev. 6/22/23)
5010

Need to verify a Retail License number? Visit **dor.sc.gov/verify-a-retail-license.**

Notice To Seller:

It is presumed that all sales are subject to Sales Tax until the contrary is established. The burden of proof is on the seller that the sale of tangible personal property is not a retail sale. However, if the seller receives a resale certificate signed by the purchaser stating that the property is purchased for resale, the liability for the Sales Tax shifts from the seller to the purchaser.

This certificate is intended for use by licensed retail merchants purchasing tangible personal property for resale, lease or rental purposes. To be valid, the following conditions must be met:

1. The resale certificate presented to the seller by the purchaser contains all the information required by the SCDOR and has been fully and properly completed.
2. The seller did not fraudulently fail to collect or remit the tax, or both.
3. The seller did not solicit a purchaser to participate in an unlawful claim that a sale was for resale.

The seller must maintain a copy of this certificate to substantiate the exemption in the event of an audit. This certificate is not valid if it does not meet the above requirements, and the seller remains liable for the tax.

Seller's Information:

Name

Address | City | State | ZIP

Purchaser's Information and Acknowledgement:

Type of business: _____

Type of items sold, leased or rented to others: _____

Business name | Street Address

South Carolina Retail License Number
If not SC, indicate a valid retail license number and state. | City | State | ZIP

As the purchaser, I certify that I am engaged in the business of selling, leasing or renting tangible personal property of the kind and type sold by your business. I also certify that if the tangible personal property is withdrawn, used or consumed by the business or person withdrawing it (even if later resold), I will report the transaction to the SCDOR as a withdrawal from stock and pay the tax based upon the reasonable and fair market value, but not less than the original purchase price. For more information, see Regulation 117-309.17, available at **dor.sc.gov/policy**. This certificate shall remain in effect unless revoked or canceled in writing. Furthermore, I understand that by extending this certificate, I am assuming liability for the Sales or Use Tax on transactions between your business and me.

Print name of owner, partner or officer | Signature of owner, partner, or officer

Date certificate completed | Title

50101039

Spartanburg
CHRYSLER DODGE RAM Jeep

8200 Fairforest Rd. ♦ Spartanburg, SC 29303
Ph: (864) 580-2400 Fax: (864) 583-0000

CREDIT REFERENCE QUESTIONNAIRE

CREDIT REFERENCE NAME: _____

EMAIL: _____
ATTENTION: _____

CUSTOMER NAME: _____

CONTACT NAME: _____ PHONE: _____

If you have NEVER sold to this customer, please check here: _____

Your TERMS for accounts receivable open accounts: _____
This customer's terms: C.O.D. Cash _____ C.O.D. Check _____ Open _____
Other: _____ Please explain: _____
If open account: Highest balance: _____ Largest order: _____
Account open how long: _____ Pay History: _____

Have you ever had any problems: N.S.F. _____ How many: _____
Slow payments: _____ How many: _____ Refused Deliveries _____ How Many: _____
Other (please explain): _____

Over-All Record: Good _____ Avg: _____ Poor: _____ Now Closed: Yes _____ No _____

Name of person giving reference: _____ Title: _____

Thank you for your time and promptness in completing this form. When completed, please return via email to address below. If you have any questions, please feel free to call me or email me at: heather@spartanburgcdjr.com.

Sincerely,

Accounts Receivable Extension: 1046 or Direct at 864-577-6303

Spartanburg Dodge