



Email Application to: AR@RakoskiAuto.com

Business Credit Application

Company Name: _____

Tax ID (FEIN or SS#) _____ Date Business Commenced _____

Applicant Name: _____

DOB: _____ Phone: _____ email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Business Type: Sole Prop LLC Corp Other _____

Primary Business Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Credit Info

Bank Name: _____ Phone: _____

Contact Name: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Type of Acct: Checking Savings Other Acct# _____

Trade References

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email (required) _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Minimum Monthly Spend of \$500 to have an open account.

Estimated Monthly Spend: _____ Primary Servicing Store Location: _____

Please list types of products you will purchase from NAPA:

Please list any requirements such as: Authorized Buyers, PO Requirements, etc.

Please Email Invoices to at time of purchase to: _____

Please Email Monthly Statements to: _____

ALL INVOICES will be sent from **invoice@invoice.napastore.com**.

ALL STATEMENTS will be sent from **napa@statements.napastore.com**.

Please add this address to your contacts and safe sender lists.

I prefer a paper statement to be mailed and will pay the \$5.00 month admin fee

AGREEMENT
(REQUIRES A SIGNATURE FROM AN OFFICER OR OWNER OF BUSINESS)

The undersigned applicant certifies that the information given is correct and complete, and further agrees to permit Rakoski Automotive to use this information to obtain additional required credit information. If, after reviewing all credit information, this applicant is approved, it is agreed and understood by the undersigned and Rakoski Automotive that all purchases made on open account will be PAID IN FULL on or before the 20th day of the month following the date of the purchase. No unpaid account will be increased after the 20th day, unless by special agreement. Further, any account which has an unpaid balance at the end of the month in which payment was due will be assessed a finance charge on the unpaid portion at the highest rate allowable by applicable law until such time as the account has been brought current. In the event Rakoski Automotive employs an attorney or collection agency to collect any amount due from applicant, then applicant shall be responsible for all costs of collections including (without limitation) attorney's fees, court costs, and any contingency fees paid to a collection agent.

Authorized Signature: _____ Date: _____

Company: _____ Title: _____

INDIVIDUAL PERSONAL GUARANTEE
(REQUIRED FOR A NEW BUSINESS AND/OR AN OWNERSHIP CHANGE)

I, _____ (Print), residing
at _____ for and in consideration of
your extending credit at my request to _____ (the
Company) as material inducement therefore, hereby absolutely and unconditionally
guarantee to Rakoski Automotive debts and liabilities owed to Rakoski Automotive by
the Company. This guaranty shall remain an unconditional and continuing guaranty of
payment, and not of collection. I acknowledge that my liability is primary rather than
secondary. I do hereby waive of presentment, demand, protest, dishonor, default and/or
nonpayment of such debts and notice of any modification or further extension of credit
to the Company, to which I hereby contest. I further agree that no failure or delay on the
part of Auto Parts Company in exercising of its rights hereunder shall operate as a
waiver thereof, nor shall any single or partial exercise of any such rights preclude any
other or further exercise of any rights that Auto Parts Company may have under this
guaranty, and that my obligations hereunder shall not be subject to any rights of setoff,
recoupment, deduction or counterclaim. In the event my obligations herein are collected
by or through a third party then Auto Parts Company shall be entitled to recover all
costs of collection including attorney's fees

Signature: _____ Date: _____

Print Name: _____ Social Security Number: _____

Available Features

Electronic Invoice and Statement Delivery

- All Invoices and Statements will be sent via email

NAPA PROLink

Sign up for NAPA PROLink and login to your account to:

- Look up Parts
- Check Prices and Availability
- Send orders Directly to the NAPA Store for Pick up or Delivery

Register at www.napaprolink.com and email your PROLink ID to AR@RakoskiAuto.com along with the store you wish to be your Main Store

Pay with Credit Card

Rakoski Automotive recommends to have your account transactions automatically and securely charged to your purchase card.

We offer a secure payment program which issues a meaningless Token to use for payment in place of your credit card and keeps your info secure. This allows your purchases to be charged to your card without your physical card on site.

To sign up, please register your card(s) at www.securenapapayments.com. You will receive a token for each card. Once registered, you may use your token at any Napa store on the Safe Pay system. Please email your token to AR@RakoskiAuto.com or call it to your servicing store

ONLINE PAYMENT AVAILABLE AT:

<https://rakoskiauto.com/paystatement>

Credit Policies

1. Our billing period closes on the LAST day of each month. All Accounts are expected to be paid in full NO LATER than the 25th of the month following purchases.
2. Any account not paid in full by the 30th of each month will be considered past due, accrue Non-Refundable Late Fees and be placed on C.O.D.
3. All accounts falling 90 Days past due will be sent to collections and are subject to additional collection fees of up to 50%
4. As a courtesy, monthly statements will be emailed on the 1st of each month. There will be a \$5.00 per month paper statement fee for all accounts choosing NOT to receive statements via email to cover administrative costs.
5. Please Refer any questions to AR@RakoskiAuto.com or call 570.662.3341

I Agree to the Above Credit Policy Terms and Conditions

Signed

Date

RETURN POLICIES

10% Restocking Fee on Non-Stocking Parts

NO Return After 30 Days

NO Return on Electrical

NO Return on Special Orders

NO Return without Original Receipt

NO Return if not in Original Packaging in GOOD Condition

FREIGHT Charges are Non-Refundable



REV-1220 AS + (1-07)



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF BUSINESS TRUST FUND TAXES
PO BOX 280901
HARRISBURG, PA 17128-0901

**PENNSYLVANIA EXEMPTION
CERTIFICATE**

CHECK ONE:

- STATE OR LOCAL SALES AND USE TAX
- STATE OR LOCAL HOTEL OCCUPANCY TAX
- PUBLIC TRANSPORTATION ASSISTANCE TAXES AND FEES (PTA)
- VEHICLE RENTAL TAX (VRT)

(Please Print or Type)

This form cannot be used to obtain a Sales Tax License Number, PTA License Number or Exempt Status.

**Read Instructions
On Reverse Carefully**

THIS FORM MAY BE PHOTOCOPIED – VOID UNLESS COMPLETE INFORMATION IS SUPPLIED

- CHECK ONE:** PENNSYLVANIA TAX UNIT EXEMPTION CERTIFICATE (USE FOR ONE TRANSACTION)
 PENNSYLVANIA TAX BLANKET EXEMPTION CERTIFICATE (USE FOR MULTIPLE TRANSACTIONS)

Name of Seller, Vendor, or Lessor

Street City State ZIP Code

NOTE: Do not use this form for claiming an exemption on the registration of a vehicle. To claim an exemption from tax for a motor vehicle, trailer, semi-trailer or tractor with the PA Department of Transportation, Bureau of Motor Vehicles, use one of the following forms:

- FORM MV-1 Application for Certificate of Title (first time registrations)
- FORM MV-4ST Vehicle Sales and Use Tax Return/Application for Registration (other registrations)

Property and services purchased or leased using this certificate **are exempt** from tax because: (Select the appropriate paragraph from the back of this form, check the corresponding block below and insert information requested.)

- 1. Property or services will be used directly and predominately by purchaser in performing purchaser's operation of: _____
- 2. Purchaser is a/an: _____
- 3. Property will be resold under License Number _____. (If purchaser does not have a PA Sales Tax License Number, include a statement under Number 7 explaining why a number is not required.)
- 4. Purchaser is a/an: _____ holding Exemption Number _____
- 5. Property or services will be used directly and predominately by purchaser performing a public utility service.
 PA Public Utility Commission PUC Number _____ and/or US Department of Transportation MC/MX _____
- 6. Exempt wrapping supplies, License Number _____. (If purchaser does not have a PA Sales Tax License Number, include a statement under Number 7 explaining why a number is not required.)
- 7. Other _____
 (Explain in detail. Additional space on reverse side.)

I am authorized to execute this Certificate and claim this exemption. Misuse of this Certificate by seller, lessor, buyer, lessee, or their representative is punishable by fine and imprisonment.

Name of Purchaser or Lessee	Signature	EIN	Date
Street	City	State	ZIP Code

1. ACCEPTANCE AND VALIDITY:

For this certificate to be valid, the seller/lessor shall exercise good faith in accepting this certificate, which includes: (1) the certificate shall be completed properly; (2) the certificate shall be in the seller/lessor's possession within 60 days from the date of sale/lease; (3) the certificate does not contain information which is knowingly false; and (4) the property or service is consistent with the exemption to which the customer is entitled. For more information, refer to Exemption Certificates, Title 61 PA Code §32.2. An invalid certificate may subject the seller/lessor to the tax.

2. REPRODUCTION OF FORM:

This form may be reproduced but shall contain the same information as appears on this form.

3. RETENTION:

The seller or lessor must retain this certificate for at least four years from the date of the exempt sale to which the certificate applies.

DO NOT RETURN THIS FORM TO THE PA DEPARTMENT OF REVENUE.

4. EXEMPT ORGANIZATIONS:

This form may be used in conjunction with form REV-1715, Exempt Organization Declaration of Sales Tax Exemption, when a purchase of \$200 or more is made by an organization which is registered with the PA Department of Revenue as an exempt organization. These organizations are assigned an exemption number, beginning with the two digits 75 (example: 75-00000-0).