



# Kirk's Automotive Inc.

9330 Roselawn Ave.  
Detroit, Michigan 48204

Email Completed Form to: [sales@kirksauto.com](mailto:sales@kirksauto.com) or FAX 313-933-7073

## Customer Account Information

<b>Bill To:</b> _____
Address: _____
City, State & Zip: _____
Accounts Payable Contact: _____
Email Address: _____
Phone Number: _____ Fax Number: _____

<b>Ship To:</b> _____
Address: _____
City, State & Zip: _____
Contact: _____
Email Address: _____
Phone Number: _____ Fax Number: _____

<b>Additional Information</b>
Purchase Order Number required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sales Tax Exempt? <input type="checkbox"/> No <input type="checkbox"/> Yes (Sales Tax # _____)
Additional information needed for billing or shipping purposes: _____

<b>KirksOnline.net Account Login Info:</b>
First Name _____ Last Name _____
Requested Login Name: _____
Requested Login Password: _____
Email Address: _____
Check One: Ordering Only _____ Account Info Only _____ All Access _____



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### Sales Tax Exemption Certificate

The undersigned purchaser being fully informed concerning Michigan's sales tax rules and regulations claims to be legally entitled to exemption on all purchases as specified by one or more of the rules below:

- Resale
- Rule 19 (Commercial Advertising)
- Rule 36 (Orphanage / Home for aged)
- Rule 1 (Agricultural Producing)
- Rule 37 (Hospital)
- Rule 24 (Educational Institution)
- Rule 24 (Federal, State, County, etc.)
- Rule 40 (Industrial Processing)

The undersigned further agrees to reimburse the seller for any deficiencies imposed by the state for violation of the rules and regulations.

Sales Tax Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

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

Title: \_\_\_\_\_ Date: \_\_\_\_\_



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## Open Account Application

### TRADE REFERENCES

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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