

## CREDIT APPLICATION

This is an application for open account status with Paul B. Moyer & Sons. We are proud to have your business and the opportunity to provide top-notch service and parts. Please see below for application guidelines and terms.

- 1** Our terms are 1% 10th, Net 25th. This means a statement is sent to you on the 26th of each month. If you pay in full by the 10th of the following month, you may deduct 1% from the bill. Alternatively, the net bill is due by the 25th of the same month.
- 2** Fill out the application completely. We must have your complete name, address, and phone number for both the application and your credit references. Please include your account number and fax number for each credit reference.
- 3** Be sure to complete the dealer discount section. Without this you will not receive the proper price adjustments.
- 4** Please sign and date both the information sheet and release of information form. Some creditors require a signed authorization to release the necessary information.

Please complete the attached application and return via mail, email, or fax. If your application is approved, we will contact you within 3 weeks to confirm that you qualify for open account status.

**HONDA**  
**ENGINES**

**PAUL B. MOYER**  
**AND SONS, INC.**

190 S. Clinton Street || Doylestown, PA 18901  
215-348-1270 || 800-824-9650 (toll-free)  
[www.paulbmoyer.com](http://www.paulbmoyer.com)

## CREDIT & CUSTOMER INFORMATION

COMPANY NAME

YEARS IN BUSINESS

PRIMARY CONTACT

POSTAL ADDRESS

STREET ADDRESS

CITY

STATE

ZIP

PHONE

FAX

EMAIL ADDRESS

FEDERAL ID OR SSN

STATE SALES TAX NUMBER

## CREDIT REFERENCES

REFERENCE #1

REFERENCE #2

REFERENCE #3

We must have the complete address, phone number, fax number, and your account number for each reference.  
**No banks or finance companies please.**

## DEALER DISCOUNTS

B & S

KOHLER

TECUMSEH

MTD

AYP

HONDA

LAWNBOY

MURRAY

We need your **Dealer ID Number** for each account to apply the proper discounts.

SIGN \_\_\_\_\_

PRINT \_\_\_\_\_

DATE \_\_\_\_\_

**AUTHORIZATION FORM**

We must have your authorization to fax personal / business information. Please complete this form and return with your completed application.

COMPANY

ADDRESS

CITY

STATE

ZIP

To Whom It May Concern:

I, \_\_\_\_\_ hereby authorize you to release any personal and/or business information concerning my credit history with your company to Paul B. Moyer and Sons, Inc. A photocopy of this authorization may be accepted as the original. Please sign and date below.

SIGN \_\_\_\_\_

TITLE \_\_\_\_\_

PRINT \_\_\_\_\_

DATE \_\_\_\_\_



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF REVENUE  
BUREAU OF BUSINESS TRUST FUNDTAXES  
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  
**Paul B. Moyer & Sons, Inc**

Street	City	State	ZIP Code
<b>190 S. Clinton Street</b>	<b>Doylestown</b>	<b>PA</b>	<b>18901</b>

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.

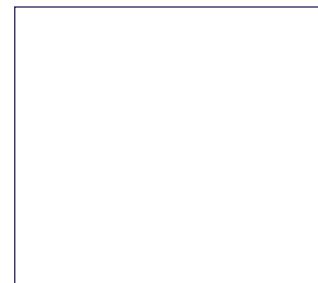
**3. RETENTION:**

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: 75-000000-0).



**Do not write in this box**

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF REVENUE  
BUREAU OF BUSINESS TRUST FUND TAXES  
DEPT. 280909  
HARRISBURG, PA 17128-0909



**EXEMPT ORGANIZATION  
DECLARATION OF  
SALES TAX EXEMPTION**

**THIS FORM MAY BE PHOTOCOPIED**

**INSTRUCTIONS:**

Vendors may use this declaration to document purchases of tax free items by tax exempt organizations (charitable, religious and educational organizations and volunteer fire or ambulance companies) holding a valid exemption number issued by the Department of Revenue where the purchase is \$200 or more. The vendor may require the Customer's Declaration (below) for each such transaction to demonstrate that the vendor made the tax exempt sale "in good faith."

Complete each declaration in its entirety. Use a separate declaration for each transaction of \$200 or more. Accompany the declaration with an invoice and a properly completed Exemption Certificate (REV-1220), and maintain these documents for three years.

**CUSTOMER'S DECLARATION**

As an authorized representative of a tax-exempt organization, I declare that the property and/or services purchased or leased in the name of the exempt organization set forth below, as described on the attached invoice, are being purchased for an exempt use under Pennsylvania Sales Tax law.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Name of Exempt Organization

\_\_\_\_\_  
Sales Tax Exemption No.  
(Must have a 75-prefix)

**VENDOR'S DECLARATION**

I understand that this completed declaration must be kept in my records for three years from the purchase date. I understand that failure to provide the declaration to Revenue auditors could result in my liability for Sales Tax if the transaction is subsequently determined to be taxable.

Attached is Invoice No. \_\_\_\_\_ dated \_\_\_\_\_  
covering this exempt transaction.

\_\_\_\_\_  
Vendor's Signature



**Do not write in this box**