



Company Information - Required

Legal Company Name: \_\_\_\_\_ Year Established: \_\_\_\_\_

Type of Organization:  Corporation  LLC  Partnership  Proprietorship  Other

*In order to purchase from Sheehan Sales, you must be a verified reseller. Therefore, you must fill out the attached form E595. The name on your resale certificate must be the same as the legal company name above.*

Owner(s) legal names: \_\_\_\_\_

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

Phone Number (home) \_\_\_\_\_ (business) \_\_\_\_\_

(cell) \_\_\_\_\_ At least one phone number must be a "land line" in your name or your company name which can be verified: mark with \*

Fax # \_\_\_\_\_ Email Address: \_\_\_\_\_

If sole proprietorship, we need your home address: \_\_\_\_\_

Billing Information

Email address for invoices/order copies:  same as above  other: \_\_\_\_\_

**\*Sheehan Sales only sends out electronic invoices\***

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

What business or person is at this Billing address? \_\_\_\_\_

If you will be using a credit card:

Name on Card: \_\_\_\_\_ (Cardholder must be an owner or officer of the company)

Billing address associated with card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Information

Address: \_\_\_\_\_ Residential?  Yes  No

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*(Phone number if different from billing)*

COD shipments - First time customer who refuse their shipment or have it held so long at UPS that it is returned to us will have to pay original shipping, refusal fees, and reshipment charges prior to any subsequent shipment being made to them. Repeat customers who miss shipments or refuse them will have the original shipping charges and refusal fees added to the

The signature below represents and warrants that the party signing below is an authorized representative of the company and that the information provided herein is a complete and accurate representation of the company. Any misrepresentation or fraudulent information provided will be the basis for the default under this agreement. All invoices past due by 30 days or more are subject to a finance charge of 5.75%. The cost of collection, including attorneys fees, will be added to the invoice in the event of non payment. Debt is due and payable and subject to the laws of North Carolina.

Return Policy

- All complaints and claims must be made within 5 days of receipt of merchandise IN WRITING. Fax or Email
- A Return Authorization Number (RA #) is required in order for a return to be accepted at our dock. Your account manager will call you upon receipt of your written complaint or claim
- All returns must be sent freight prepaid to our physical address: 1516 F Avenue SE Suite C Hickory, NC 28602

Your signature on this form signifies that you have read and understood this policy



# E-595E Streamlined Sales and Use Tax Agreement Certificate of Exemption

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

- 1  Check if you are attaching the Multistate Supplemental form.  
 If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.
- 2  Check if this certificate is for a single purchase and enter the related invoice/purchase order # \_\_\_\_\_.

### 3 Please print

Name of purchaser \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Purchaser's tax ID number \_\_\_\_\_ State of issue \_\_\_\_\_ Country of issue \_\_\_\_\_

If no tax ID number, enter one of the following:	FEIN _____	Driver's license number/State issued ID number state of issue _____ number _____	Foreign diplomat number _____
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Name of seller from whom you are purchasing, leasing, or renting \_\_\_\_\_

Seller's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

### 4 Type of business. Check the number that describes your business.

- |  |  |
|--|--|
| <input type="checkbox"/> 01 Accommodation and food services              | <input type="checkbox"/> 11 Transportation and warehousing     |
| <input type="checkbox"/> 02 Agricultural, forestry, fishing, and hunting | <input type="checkbox"/> 12 Utilities                          |
| <input type="checkbox"/> 03 Construction                                 | <input type="checkbox"/> 13 Wholesale trade                    |
| <input type="checkbox"/> 04 Finance and insurance                        | <input type="checkbox"/> 14 Business services                  |
| <input type="checkbox"/> 05 Information, publishing, and communications  | <input type="checkbox"/> 15 Professional services              |
| <input type="checkbox"/> 06 Manufacturing                                | <input type="checkbox"/> 16 Education and health-care services |
| <input type="checkbox"/> 07 Mining                                       | <input type="checkbox"/> 17 Nonprofit organization             |
| <input type="checkbox"/> 08 Real estate                                  | <input type="checkbox"/> 18 Government                         |
| <input type="checkbox"/> 09 Rental and leasing                           | <input type="checkbox"/> 19 Not a business                     |
| <input type="checkbox"/> 10 Retail trade                                 | <input type="checkbox"/> 20 Other (explain) _____              |

### 5 Reason for exemption. Check the letter that identifies the reason for the exemption.

- |  |  |
|--|--|
| <input type="checkbox"/> A Federal government (department) _____ | <input type="checkbox"/> H Agricultural production # _____             |
| <input type="checkbox"/> B State government (name) _____         | <input type="checkbox"/> I Industrial production/manufacturing # _____ |
| <input type="checkbox"/> C Tribal government (name) _____        | <input type="checkbox"/> J Direct pay permit # _____                   |
| <input type="checkbox"/> D Foreign diplomat # _____              | <input type="checkbox"/> K Direct mail # _____                         |
| <input type="checkbox"/> E _____                                 | <input type="checkbox"/> L Other (explain) _____                       |
| <input type="checkbox"/> F _____                                 | _____  |
| <input type="checkbox"/> G Resale # _____                        | _____  |

### 6 Sign here. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of authorized purchaser \_\_\_\_\_ Print name here \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_