

# Auto Dealer Marketing Solutions



**Richard E. Hurd     781-910-0869**

**Email: [d.hurd@cws1.org](mailto:d.hurd@cws1.org)    Web: [www.cws1.org](http://www.cws1.org)**

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We are pleased to welcome you as a new customer of Auto Dealer Marketing Solutions. We feel honored that you have chosen us to fill your business product needs, and we are eager to be of service.

As you know, we carry everything your dealership may need. We have a great variety of products to choose from, all at competitive prices. We have a complete line of products for new business owners like you, at a discount of 5% to 30%.

We would be happy to visit with you at your convenience to discuss your dealer supply needs. Just call us or email us at the number above. Check out the website [www.cws1.org](http://www.cws1.org) also [www.platescrewsnow.com](http://www.platescrewsnow.com)

Thank you again for your choice of Auto Dealer Marketing Solutions to fill your office supply needs. We look forward to a long and successful association.

## **New Customer Package.**

Click **HERE** to open all the forms needed. All pages are printable.

- 1     **Credit Card Form.**
- 2     **W9 Form**
- 3     **Tax Exempt Form ST-4**
- 4     **How Discounts Work Sheet**
- 5     **Blank Order Forms 2 sides**

We recommend getting a [www.dwolla.com](http://www.dwolla.com) account. With Dwolla you can transfer money from your account to our account at no charge. This allows us to give you an additional 5% discount on most orders.

**Fax Number or email to address below.**

Regards,

Richard E. Hurd

## **Auto Dealer Marketiog Solutions**

33 Vine Brook Rd

Westford, MA 01886

781-910-0869 (cell)

877-599-7244 (Fax)

## Auto Dealer Marketing Solutions



Richard E. Hurd 781-910-0869

Email: [d.hurd@cws1.org](mailto:d.hurd@cws1.org) Web: [www.cws1.org](http://www.cws1.org)

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### Credit Card Authorization Form

Please fax / email completed signed form **ONLY** to A/R at (877) 599-7244  
[d.hurd@adm1.org](mailto:d.hurd@adm1.org)

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

I, \_\_\_\_\_ here with authorize Auto Dealer Marketing Solutions to charge all purchases to my credit card beginning on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date).

Circle Type:    **VISA**        **M/C**        **AMEX**        **DISCOVER**

Credit Card #:

Expiration Date: \_\_\_\_ / \_\_\_\_

Validation Code ( 3 digit on back):

Name as appears on card: \_\_\_\_\_

Company name on card (if applicable): \_\_\_\_\_

Credit Card billing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cardholder's

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Contact Pfone Number: (    )                      Fax: (    )

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## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Richard E. Hurd</b>	
2 Business name/disregarded entity name, if different from above <b>DBA/Auto Dealer marketing Solutions</b>	
3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____ <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small>	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) <b>33 Vine Brook Rd</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Westford, Ma 01886</b>	
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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													
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Employer identification number													
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2	6	-	2	4	6	7	2	8	2				

### 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 on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Richard E. Hurd</i>	Date ▶ <i>1/23/2017</i>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/irb](http://www.irs.gov/irb).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

• Form 1099-C (canceled debt)

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Rev. 8/16

# Form ST-4 Sales Tax Resale Certificate

**Massachusetts  
Department of  
Revenue**

Name of purchaser \_\_\_\_\_ Account ID number or Federal ID number \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of business in which purchaser is engaged: \_\_\_\_\_

Type of tangible personal property or service being purchased (be as specific as possible): \_\_\_\_\_

## **Auto Dealer Marketing Solutions**

Name of vendor from whom tangible personal property or services are being purchased: \_\_\_\_\_

Address **33 Vine Brook Road** City/Town **Westford** State **MA** Zip **01886**

I hereby certify that I hold a valid Massachusetts Vendor's Registration, issued by the Commissioner of Revenue, pursuant to Massachusetts General Laws, Chapter 64H, section 7, and that I am in the business of selling the kind of tangible personal property or services being purchased under this certificate, and that I intend to sell such property or services in the regular course of my business.

### **Signed under the penalties of perjury.**

Signature of purchaser \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Check applicable box:  Single purchase certificate  Blanket certificate

### **Notice to Vendors**

1. Massachusetts General Laws assume that all gross receipts of a vendor from the sale of tangible personal property and services are from sales subject to tax, unless the contrary is established. The burden of proving that a sale of tangible personal property or service by any vendor is not a retail sale is placed upon the vendor unless he/she accepts from the purchaser a certificate declaring that the property or service is purchased for resale.
2. A resale certificate relieves the vendor from the burden of proof only if it is taken in good faith from a purchaser who is engaged in the business of selling tangible property or services and who holds a valid Massachusetts sales tax registration.
3. The good faith of the vendor will be questioned if he/she has knowledge of facts which give rise to a reasonable inference that the purchaser does not intend to resell the property or services. For example, knowledge that a purchaser of particular merchandise is not engaged in the business of selling the kind of merchandise or service he/she is purchasing under this certificate would constitute grounds to question the good faith of the vendor.
4. The vendor must make sure that the certificate is filled out properly and signed before accepting it.
5. The vendor must retain this certificate as part of his/her permanent tax records.

If you have any questions about the acceptance or use of this certificate, please contact: **Massachusetts Department of Revenue, Customer Service Bureau, PO Box 7010, Boston, MA 02204, or call (617) 887-MDOR or toll-free, in-state 1-800-392-6089.**

### **Notice to Purchasers**

1. This certificate is to be used when the purchaser intends to resell the tangible personal property or service in the regular course of business. Manufacturers claiming an exempt use of the materials, tools and fuel which will be used in the manufacture, processing or conversion of tangible personal property should use Form ST-12, Exempt Use Certificate. Tax-exempt organizations making purchases for other than resale are to use Form ST-5, Exempt Purchaser Certificate.
  2. The purchaser must hold a valid Massachusetts vendor registration. If you need to apply for a registration, go to [mass.gov/dor](http://mass.gov/dor) and click on MassTaxConnect to complete an online application for registration.
  3. This certificate must be signed by and bear the name and address of the purchaser and his/her Account ID number or Federal Identification number. This certificate must also indicate the type of tangible personal property purchased and resold by the purchaser.
  4. If a purchaser who gives a certificate makes any use of the property other than retention, demonstration or display while holding it for sale in the regular course of business, such property will be subject to the Massachusetts sales or use tax, as of the time the property is first used by him/her.
  5. If you are engaged in a service activity, and are unsure as to the eligibility of the tangible personal property being purchased for resale, see the regulation on Service Enterprises, 830 CMR 64H.1.1.
  6. For further information about the use of resale certificates, see the regulation on Resale and Exempt Use Certificates, 830 CMR 64H.8.1.
- Warning: Willful misuse of this certificate may result in criminal tax evasion sanctions of up to one year in prison and \$10,000 (\$50,000 for corporations) in fines.**

Auto Dealer Marketing Solutions Dick Hurd 781-910-0869 [d.hurd@adm1.org](mailto:d.hurd@adm1.org)

My Websites: <http://www.carwindshieldstickers.com/> Car Windshield Stickers

<http://www.autodealermarketingsolutions.com/> Auto Dealer Marketing Solutions

<http://www.electroniccarbook.com/> Electronic Used Car Record Book

<http://www.dealershirts.com/> Dealer Shirts Plus Promotional Items

Versa Tag Catalog Link to Catalog [http://www.carwindshieldstickers.com/windshield\\_006.htm](http://www.carwindshieldstickers.com/windshield_006.htm)

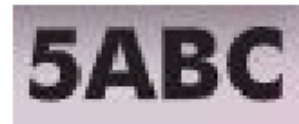
Auto Forms Supplies Catalog Link to Catalog [http://www.carwindshieldstickers.com/windshield\\_007.htm](http://www.carwindshieldstickers.com/windshield_007.htm)

**Terms: Due to deep discounts pricing all sale are paid in full at time of order. Special terms are available on credit approval. (Shipping and Sales Tax Additional.)**

		1	2	3	4	5	6	7
Material		125	250	500	1,000	1,500	2,500	5,000
White Matte Vinyl	1 Color Imprint	\$1.15/ea	0.70	0.40	0.26	0.21	0.15	0.12
Yellow Matte Vinyl	1 Color Imprint	\$1.41/ea	0.79	0.47	0.33	0.27	0.21	0.17
Transparent Polyester	1 Color Imprint	\$1.15/ea	0.70	0.40	0.26	0.21	0.15	0.12
Brushed Chrome	1 Color Imprint	\$1.16/ea	0.71	0.47	0.36	0.31	0.26	0.20
White Reflective Vinyl*	1 Color Imprint	\$1.28/ea	0.88	0.67	0.53	0.46	0.42	0.32
Diamond Plate	1 Color Imprint	\$1.28/ea	0.88	0.67	0.53	0.46	0.42	0.32
Bright Chrome Polyester	1 Color Imprint	\$0.93/ea	0.55	0.34	0.24	0.21	0.17	0.13
Each Add'l Color		\$0.682/ea	0.375	0.205	0.128	0.103	0.0771	0.055

### Versa-Tags Pricing

**On Sale Items do not qualify for discounts.**



### Pricing is as follows from Versa-Tags Catalog

The first 5 columns are all A pricing and get 25% Discount

Column 6 B Your Discount is 20%

Column 7 C Your Discount is 15% D=10% Discount and E=5% Discount.

### Pricing is as follows from Auto Forms Supplies Catalog.

Link to Auto Forms price list. [http://www.carwindshieldstickers.com/windshield\\_007.htm](http://www.carwindshieldstickers.com/windshield_007.htm)

## Auto Dealer Marketing Solutions



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### BLANK ORDER FORM

Date:			PO#:			
Company Name:			Contact Name:			
Phone:			Fax:			
Email:			Acct#:			
Ship To:			Contact:			
Address1:			Address2:			
City:			State:		Zip:	
Qty.	PG#	Item#	Description	Cost	Code	Price
Please Fax or Email Orders!!!  Fax Number (877) 599-7244  Email: <a href="mailto:d.hurd@cws1.org">d.hurd@cws1.org</a>  THANK YOU FOR YOUR ORDER					Sub Total:	
					Discount:	
					Sales Tax:	
					Shipping:	
					Total Due:	

**Minimum order on Laser Forms is 3 Packs**

**Discounts Versa-Tag    A=25%    B=20%    C=15%    D=10%    E=5%    N=None**

**Discounts ASP    CAT. 5=25%    4=20%    3=15%    2=10%    1=5%    N=None**

**We also have License Plate Screws with deep discounts [www.platescrewsnow.com](http://www.platescrewsnow.com)**



**AUTO DEALER MARKETING SOLUTIONS**

33 Vine Brook Rd Phone: 781-910-0869

Email: [d.hurd@adml.org](mailto:d.hurd@adml.org)

Dick Hurd Fax: 877-599-7244

Westford, Ma 01886 [www.cws1.org](http://www.cws1.org)

**Customer Data Sheet & Application**

(Page 1 of 2)

**GENERAL INFORMATION:**

1. Firm or Business Name: \_\_\_\_\_

2. Doing Business As (DBA): \_\_\_\_\_

3. Street Address: \_\_\_\_\_

4. Billing Address: \_\_\_\_\_

5. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Telephone ( ) \_\_\_\_\_ 7. Fax ( ) \_\_\_\_\_

8. Please list all offices and/or affiliate addresses below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. E-Mail Address: \_\_\_\_\_

10. Accounts Payable Contact Name: \_\_\_\_\_

11. Years in Business \_\_\_\_\_ 12. Federal Tax Number: \_\_\_\_\_

13. Type of Business:  Sole Proprietorship  Corporation

Partnership  Subsidiary

14. Type of work: \_\_\_\_\_

15. Proprietor, Partners, Officers, if incorporated:

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SS# \_\_\_\_\_

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SS# \_\_\_\_\_

16. Year Business Established: \_\_\_\_\_ 17. At Present Location Since? \_\_\_\_\_

18. List employee(s) names and titles that can sign contracts and/or authorize purchase orders/work orders on behalf of your company:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

19. Are you accredited by the Better Business Bureau?  Yes  No

Customer Data Sheet & Application

(Page 2 of 2)

**CREDIT REFERENCES: (Please provide three)**

1. Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
How Long Have You Been Doing Business With This Company? \_\_\_\_\_
  
2. Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
How Long Have You Been Doing Business With This Company? \_\_\_\_\_
  
3. Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
How Long Have You Been Doing Business With This Company? \_\_\_\_\_

**ADDITIONAL CONTACTS:**

Name: _____	Position: _____	Email: _____
Name: _____	Position: _____	Email: _____
Name: _____	Position: _____	Email: _____

**AUTHORIZATION FOR RELEASE OF INFORMATION:**

I hereby warrant that the above information is true and correct, and is furnished for the purpose of establishing a vendor relationship with Paragon Management Group and/or Paragon clients. I hereby agree that Paragon Management Group may investigate my record and that, if approved, Paragon may furnish this authorization to secure the information they need to establish a business relationship.

_____ Name	_____ Title
_____ Date	

Please Fax to (877) 599-7244 or Email To: [d.hurd@amd1.org](mailto:d.hurd@amd1.org)