



# Eagle - Chicago

5307 W 123rd Place  
Ph: 708-396-0500

Alsip, IL 60803  
Fax: 708-389-6653



## Credit Application

Firm Name		Business Phone #		Cell #	
Street (Billing Address)				P.O. Box	
City		State		ZIP	
(Optional) Ship To Address, if different than Bill To address		Street		City	
		State		Zip	
<b>*Statements:</b> Mail <input type="checkbox"/> or Email <input type="checkbox"/> Email address to send monthly statement					
Full Name of Owner or Owners (Or an Authorized Officer or Corporation) List Home Address and ZIP Code					
NAME		ADDRESS		TITLE	
Please Check One	Individual	Partnership	Corporation	Fed Tax # (Corporation)	Spouse's Name - (Individual Only)
If Incorporated, State in which Incorporated			Social Security # (For Partnerships or Individual)		
Type of Business				Date Started	
Name of Bank		Bank Contact		Account #	
Bank Address			Bank Phone #		
City		State		ZIP	
Trade References					
NAME		ADDRESS		PHONE #	

Is Purchase Order Required? ☐ Yes ☐ No

Resale Tax # \_\_\_\_\_

Special Instructions \_\_\_\_\_

Attach Copy of Sales Tax Certification or Exemption

This is your Credit Contract

How much Credit on Open Account do you  
Require per Month? \_\_\_\_\_

Firm Name \_\_\_\_\_

Office Use Only:

By \_\_\_\_\_

Must be signed by an Officer or Principal of Firm

Salesman Initials _____	Qualified Acct _____
Online Ordering -- Customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Viewable Location online	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 60
<input type="checkbox"/> EPN/AConneX	<input type="checkbox"/> nexpart <input type="checkbox"/> PARTSTECH AUTOMOTIVE E-COMMERCE TECHNOLOGY

No	<input type="checkbox"/>	Access to reprint invoices & statements using WebDocs
Yes	<input type="checkbox"/>	
If "Yes", email address to access can be different email address than above.		



## Eagle - Chicago

ALL INVOICES ARE DUE ON OR BEFORE THE THIRTIETH(30TH) OF THE MONTH FOLLOWING THE DATE OF PURCHASE. ONE AND A HALF PERCENT (1 1/2%) PER MONTH LATE CHARGE IS ADDED TO ALL DELINQUENT INVOICES. THIS IS AN ANNUAL RATE OF EIGHTEEN PERCENT. LATE CHARGES ARE ADDED AND BECOME PART OF THE PRINCIPLE OBLIGATION TO MAP.

ALL ACCOUNTS ARE PLACED ON A C.O.D. BASIS WHEN BECOMING THIRTY (30) DAYS PAST DUE. IF AN ACCOUNT BECOMES SIXTY (60) DAYS PAST DUE, THE ACCOUNT IS PLACED PERMANENTLY ON A COD BASIS. THIS ACCOUNT MUST BE PAID IN FULL EACH MONTH. PAYMENTS MAY NOT BE WITHHELD FOR AN ANTICIPATED CORE RETURNS OR PENDING WARRANTY.

THE PURCHASER AGREES TO PAY ALL ATTORNEY FEES AND/OR COURT COSTS AS MAY BE DEEMED REASONABLE IN THE EVENT LEGAL ACTION BECOMES NECESSARY TO COLLECT ANY OUTSTANDING BALANCE.

THE PARTY OR PARTIES SIGNING THIS APPLICATION CERTIFY THAT THE NAME OF THE FIRM AS STATED ABOVE IS CORRECT, THAT THE FIRM IS NOT INSOLVENT, AND THAT IF THE FIRM IS A CORPORATION, IT IS IN GOOD STANDING IN THEIR STATE OF INCORPORATION AND THE STATES THEY ARE AUTHORIZED TO DO BUSINESS

THE ABOVE INFORMATION, AS WELL AS THAT GIVEN ON THE REVERSE SIDE IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE/WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY

FOR OFFICE USE ONLY

Customer Number \_\_\_\_\_ Salesman's ID # \_\_\_\_\_ Name \_\_\_\_\_

Credit Limit \_\_\_\_\_ Ship to Code \_\_\_\_\_

Special Instructions

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# CRT-61 Certificate of Resale

## Step 1: Identify the seller

1 Name Eagle - Chicago

2 Business address 5307 W 123rd Place

Alsip IL 60803  
City State Zip

## Step 2: Identify the purchaser

3 Name \_\_\_\_\_

4 Business address \_\_\_\_\_

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

5 Complete the information below. Check only one box.

- ☐ The purchaser is registered as a retailer with the Illinois Department of Revenue. \_\_\_\_\_  
Account ID number
- ☐ The purchaser is registered as a reseller with the Illinois Department of Revenue. \_\_\_\_\_  
Resale number
- ☐ The purchaser is authorized to do business out-of-state and will resell and deliver property only to purchasers located outside the state of Illinois. See Line 5 instructions.

**Note:** It is the seller's responsibility to verify that the purchaser's Illinois account ID or Illinois resale number is valid and active. You can confirm this by visiting our web site at [tax.illinois.gov](http://tax.illinois.gov) and using the Verify a Registered Business tool.

## General information

### When is a Certificate of Resale required?

Generally, a Certificate of Resale is required for proof that no tax is due on any sale that is made tax-free as a sale for resale. The purchaser, at the seller's request, must provide the information that is needed to complete this certificate.

### Who keeps the Certificate of Resale?

The seller must keep the certificate. We may request it as proof that no tax was due on the sale of the specified property.

**Do not** mail the certificate to us.

### Can other forms be used?

Yes. You can use other forms or statements in place of this certificate but whatever you use as proof that a sale was made for resale must contain

- the seller's name and address;
- the purchaser's name and address;
- a description of the property being purchased;
- a statement that the property is being purchased for resale;
- the purchaser's signature and date of signing; and
- either an Illinois account ID number, an Illinois resale number, or a certification of resale to an out-of-state purchaser.

**Note:** A purchase order signed by the purchaser may be used as a Certificate of Resale if it contains all of the above required information.

## Step 3: Describe the property

6 Describe the property that is being purchased for resale or list the invoice number and the date of purchase.

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

## Step 4: Complete for blanket certificates

7 Complete the information below. Check only one box.

- ☐ I am the identified purchaser, and I certify that all of the purchases that I make from this seller are for resale.
- ☐ I am the identified purchaser, and I certify that the following percentage, \_\_\_\_\_ %, of all of the purchases that I make from this seller are for resale.

## Step 5: Purchaser's signature

I certify that I am purchasing the property described in Step 3 from the stated seller for the purpose of resale.

\_\_\_\_\_  
Purchaser's signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## When is a blanket certificate of resale used?

The purchaser may provide a blanket certificate of resale to any seller from whom all purchases made are sales for resale. A blanket certificate can also specify that a percentage of the purchases made from the identified seller will be for resale. In either instance, blanket certificates should be kept up-to-date. If a specified percentage changes, a new certificate should be provided. Otherwise, all certificates should be updated at least every three years.

## Specific instructions

### Step 1: Identify the seller

**Lines 1 and 2** Write the seller's name and mailing address.

### Step 2: Identify the purchaser

**Lines 3 and 4** Write the purchaser's name and mailing address.

**Line 5** Check the statement that applies to the purchaser's business, and provide any additional requested information.

**Note:** A statement by the purchaser that property will be sold for resale will not be accepted by the department without supporting evidence (e.g., proof of out-of-state registration).

### Step 3: Describe the property

**Line 6** On the lines provided, briefly describe the tangible personal property that was purchased for resale or list the invoice number and date of purchase.

### Step 4: Complete for blanket certificates

**Line 7** The purchaser must check the statement that applies, and provide any additional requested information.

### Step 5: Purchaser's signature

The purchaser must sign and date the form.