



Dear Customer,

Please complete this application in its entirety to expedite the processing of your application. We look forward to doing business with you.

If you have any questions, please call the credit department at 309-445-8100.

Application Procedures:

- Page 2-3 Please make sure we have the bank accounts and four trade credit references. These are essential to processing the application.
- Page 4 Please read the credit terms and policies. This page must be signed.
- Page 5 This form must be signed to obtain information for your credit references.
- Page 6 If you are tax exempt, complete the applicable page(s).

Please return this application to:

CIT Trucks, Inc.
Attn: Credit Department
305 West Northtown Road, Suite A
Normal, IL 61761

Fax: 309-268-0650





TO: CREDIT DEPARTMENT
CIT TRUCKS, INC.

APPLICATION FOR CREDIT

Information submitted to this company is confidential and used for the purpose of establishing credit for a trade account only.

ALL BLANKS MUST BE COMPLETED

Full Name _____ Title _____ Soc. Sec. No. ____-____-____

Business Name _____ Date of Birth ____/____/____

Address _____

City _____ State _____ Zip _____

Phone (____) ____-____ Fax (____) ____-____ Email _____

Date business established _____

Type of Organization _____ Type of Business _____

Corporation

P.O. Required

Partnership

Yes

Individual

No

Principles, Officers or Partner

Who is authorized to purchase

Approximate monthly purchases anticipated \$ _____



Serving Your Transportation Needs Since 1975





We own and/or operate _____ Trucks _____ Tractors _____ Trailers
Lease with _____ Address _____
City _____ State _____ Zip _____ Phone _____

Bank Accounts

Name of Bank _____ Address _____
City _____ State _____ Zip _____ Phone _____
Type of Account(s) and Account Number(s)
Savings _____ Checking _____ Loan _____

Credit References (MUST HAVE COMPLETE NAMES AND ADDRESSES)

1. Name _____ Address _____ City & State _____ Phone _____ Zip _____ Fax _____ Email _____	3. Name _____ Address _____ City & State _____ Phone _____ Zip _____ Fax _____ Email _____
2. Name _____ Address _____ City & State _____ Phone _____ Zip _____ Fax _____ Email _____	4. Name _____ Address _____ City & State _____ Phone _____ Zip _____ Fax _____ Email _____



In consideration for the granting of credit, we (I) submit the above information which you may rely on as being accurate. We (I) further authorize you to investigate any and all statements contained herein and further authorize any of our (my) creditors to release information to you regarding our (my) financial status. A copy of this agreement is also as binding as the original.

In the event that the necessity should arise for CIT Trucks, Inc. to place any claim in litigation, purchaser agrees that said claim would be under the jurisdiction of the Circuit Court of McLean County, State of Illinois, and further agrees that they are liable for and agree to pay the unpaid balance, together with court costs incurred, plus collection costs and/or reasonable attorney fees, which shall not be less than one-third of the balance due, regardless of whether account is litigated.

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS:

CREDIT TERMS AND POLICIES

1. All accounts are considered past due if not paid in full by the 10th day of the next month after purchase, and are subject to a finance charge computed by a single periodic rate of 1.5% per month, which is an annual percentage rate of 18%.
2. Also accounts not paid in full by the 30th day following purchase will be held on a cash only basis. Accounts will remain on cash only basis until the entire past-due amount is paid in full, including all service charges.
3. Accounts 45 days past due may be turned over to our attorney for collection.
4. A statement of the account will be mailed monthly to every customer that has an open balance.
5. All accounts will have an established credit limit and in order to exceed that credit limit special arrangements will have to be made.
6. **Tax Exemption:** For tax exempt customer, State Tax Law requires that you have on file with us your RUT-7 or resale number and a copy of that authority. You will be charged tax until all of this proper information and copies are on file.

MUST BE SIGNED BY OWNER OR DULY AUTHORIZED OFFICER OF THE CORPORATION

SIGNATURE _____
PRINTED NAME _____
TITLE _____
DATE _____

WITNESS _____
DATE _____

If Corporation: Individually guaranteed by:

SIGNATURE _____
PRINTED NAME _____
ADDRESS _____
DATE _____
WITNESS _____
DATE _____

SIGNATURE _____
PRINTED NAME _____
ADDRESS _____
DATE _____



Date _____

To _____

I, the undersigned, applying for credit with CIT Trucks, Inc. do hereby authorize the above named creditor, bank or lending institution to release any and all information to CIT Trucks, Inc., as they may deem necessary for the purpose of extending credit.

Signature _____

Printed Name _____

Business Name _____

Address _____

City _____ State _____ Zip _____





CRT-61 Certificate of Resale

Step 1: Identify the seller

1 Name _____

2 Business address _____

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.

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

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 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.

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.



Illinois Department of Revenue

RUT-7 Rolling Stock Certification for Motor Vehicles and Trailers (and Repair and Replacement Parts) Purchased on or after August 24, 2017

Retailers and Purchasers: Keep a copy of this certification in your records as proof of the exemption claimed.

Step 1: Identify the purchaser

Name: _____

Address: _____ () —
Number and street or post office box City State ZIP Telephone number

If the purchaser is a lessor who will lease the item described in Step 3, also complete Step 2; otherwise go directly to Step 3.

Step 2: If the purchaser is a lessor, identify the lease customer — If not a lease, go to Step 3.

Name: _____

Address: _____ () —
Number and street or post office box City State ZIP Telephone number

Step 3: Describe the purchase — Enter the date of purchase and check the applicable box to indicate whether the item purchased is a motor vehicle or trailer or repair and replacement parts for a motor vehicle or trailer.

Date of purchase: ____/____/____

Purchases of motor vehicles and trailers
Year, make, and model: _____
Vehicle identification no.: _____

Purchases of repair and replacement parts for motor vehicles and trailers
Description of items purchased: _____

Step 4: Confirm that the purchase qualifies for the rolling stock exemption

Check each box to confirm that this purchase meets the criteria to qualify for the rolling stock exemption.

- The motor vehicle or trailer will be used to transport persons or property for hire.
- Carrier who will utilize the item holds an *active* USDOT number. Enter USDOT No.: _____
 - Carrier Operation listed as "INTERSTATE."
 - Operation Classification listed as follows: (choose one)
 - ___ "AUTHORIZED FOR HIRE"
 - ___ "EXEMPT FOR HIRE"
 - ___ Both "AUTHORIZED FOR HIRE" and "EXEMPT FOR HIRE."
- (For motor vehicles only) The gross vehicle weight rating exceeds 16,000 pounds.

For purchases of repair and replacement parts, also complete the following.

Single purchase of one or multiple items (mark one):

- 1** I certify that this purchase qualifies for the rolling stock exemption.
- 2** I certify that _____ percent of this bulk purchase qualifies for the rolling stock exemption.

Note: Update blanket certification at least every 3 years.

Blanket certification for this and future purchases (mark one):

- 1** I certify that 100 percent of the purchases that I make from this seller qualify for the rolling stock exemption.
- 2** I certify that _____ percent of the bulk purchases that I make from this seller qualify for the rolling stock exemption.

Note: You may use a single Form RUT-7 if purchasing multiple items in a single transaction and all items qualify for the rolling stock exemption.

Step 5: Certification

I certify that the purchased item(s) will be used as, or attached to, rolling stock to haul persons or property for hire in interstate commerce and qualifies for the rolling stock exemption. Under penalties of perjury, I state that I have examined this certification and, to the best of my knowledge, it is true, correct, and complete.

Signature _____ Date _____ Name (please print) _____
 Business name _____

This form is authorized as outlined by the Retailers' Occupation Tax Act, related tax acts, and the Vehicle Use Tax Act. Disclosure of this information is required. Failure to keep this information in your books and records could result in disallowing a deduction that was claimed.

TAX EXEMPTION FORM

Governmental Bodies, Religious, Charitable, & Educational Organizations

This is to certify that all merchandise purchased from the above-named seller is for the exempt organization purpose of the purchaser. **Please include a copy of your exemption letter from the State of Illinois.**

EXEMPTION NUMBER _____

PURCHASER'S NAME _____

ADDRESS _____

CITY & STATE _____ ZIP _____

SIGNED BY _____

TITLE _____

DATE _____

