



# Dealer Application

**ILLINOIS ENGINEERED PRODUCTS, INC.**

2035 South Racine Avenue

Chicago, IL 60608

Tel: 312-850-3710 Fax: 312-850-4736

Contact: Craig Chainey

Thank you for your interest in becoming an authorized dealer of the #1 folding gates in America.

Please tell us how you heard about our products:  Trade show  Print Advertising  Internet  Another customer

Other, please describe \_\_\_\_\_

### Company Profile

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

Contact \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Business type:  Corporation, State \_\_\_\_\_  Partnership  Sole Proprietor Years in business \_\_\_\_\_

Federal tax I.D. No. \_\_\_\_\_ State / Municipal Tax Exempt No. \_\_\_\_\_

Branch Locations \_\_\_\_\_

Products / Services Sold \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Telephone \_\_\_\_\_

### Bank References

Bank \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Telephone \_\_\_\_\_

### Trade References

Company \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Company \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Company \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**ILLINOIS ENGINEERED PRODUCTS, INC.** is hereby authorized to contact above references, and other credit reporting agencies regarding your business standing. ILLINOIS ENGINEERED PRODUCTS, INC. requires payment within 30 days from date of our invoice.

Authorized by (Please Print) \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Illinois Department of Revenue  
**CRT-61 Certificate of Resale**

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**Step 1: Identify the seller**

Firm Name Illinois Engineered Products, Inc.

Address 2035 South Racine Avenue

City / State / Zip Chicago, IL 60608

**Step 2: Identify the purchaser**

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

Address \_\_\_\_\_

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

Complete information below. Check only one.

The purchaser is registered as a retailer with the Illinois Department of Revenue. Registration number \_\_\_\_\_ - \_\_\_\_\_

The purchaser is registered as a reseller with the Illinois Department of Revenue. Registration number \_\_\_\_\_ - \_\_\_\_\_

The purchaser is authorized to business out-of-state and will resell and deliver property only to purchasers located outside the state of Illinois. Attach proof of out-of-state registration. Applications without proof cannot be processed.

**Step 3: Describe the property**

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** Purchaser may provide a blanket certificate of resale to 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 every three years.

Complete information below. Check only one.

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 the following percentage \_\_\_\_\_ % of all 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_