



Remit to: PO Box 1365  
 Bloomington, IL  
 61702-1365  
 (Tel) 309-820-0566  
 (Fax) 309-820-0545

# Credit Application

Date: \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Business Street Address/PO Box or RR \_\_\_\_\_

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

Home Office Street Address/PO Box or RR \_\_\_\_\_

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

Customer E-mail Address \_\_\_\_\_

Bank Reference Name \_\_\_\_\_

Bank Officer \_\_\_\_\_ Phone \_\_\_\_\_

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

Tax Exempt  Yes  No Sales Tax Exemption Number \_\_\_\_\_

\*(If yes: attached is your State's sales tax exemption certificate. This form **must** be completed in full, signed, and returned with a copy of your company's registration license.)

Type of Ownership  Proprietorship  Partnership  Corporation

Number of years in business \_\_\_\_\_ FEIN Number \_\_\_\_\_

Holt Supply Company location you will frequent most:

Bloomington  Burlington  Champaign

Galesburg  Princeton  Sioux Falls

Type of Business:

Contractor: Plumbing

Retail Store: Hardware, Appliances

Contractor: Plumbing, Heating, Cooling, HVAC Service  
 \*(Copy of Refrigerant Certificate required)

Apartment House Maintenance

Industrial Account, Manufacturing

Government Agency

Other (please specify) \_\_\_\_\_

Building Contractor

Purchase Order Required  Yes  No Shipping Tickets Prices  Yes  No

Send Invoices to  Home Office  Field or Branch Store  Fax Invoice in lieu of U.S Mail

Monthly Statement Required  Yes  No Mail to  Home Office  Field or Branch Store

Contact Regarding Material, Returns \_\_\_\_\_ Phone \_\_\_\_\_

Contact Regarding Payables \_\_\_\_\_ Phone \_\_\_\_\_

**Principal Suppliers with whom you have established credit**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address/City/State/Zip \_\_\_\_\_ Fax \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address/City/State/Zip \_\_\_\_\_ Fax \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address/City/State/Zip \_\_\_\_\_ Fax \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address/City/State/Zip \_\_\_\_\_ Fax \_\_\_\_\_

**Principal Owner(s); Partners or Officers**

Name \_\_\_\_\_ SS# \_\_\_\_\_ Title \_\_\_\_\_  
Name \_\_\_\_\_ SS# \_\_\_\_\_ Title \_\_\_\_\_  
Name \_\_\_\_\_ SS# \_\_\_\_\_ Title \_\_\_\_\_

All Purchases become due and payable on the 15th of the month following the invoice date or on specific terms designated on the invoice. Any invoice not paid within the terms will be considered past due. Purchaser agrees to pay a service charge of 2% per month (24% annually) on all balances past due. The undersigned personally guarantees all obligations to your company or companies extended as a result of this application for credit and it is hereby agreed, that if such account is placed in the hands of an attorney or is collected by suit, or through probate proceedings, promises to pay the principal and interest then due plus reasonable attorney's fees and collection fees together with all costs of court.

Signed (individually) \_\_\_\_\_  
Signed (individually) \_\_\_\_\_

**Certificate of Resale**

The undersigned hereby certifies that all tangible personal property hereafter purchased by him is for purposes of resale, and assumes liability for payment of Retailers' Occupation Tax with respect to receipts from the resale of this property to users or consumers. This certificate shall be considered a part of each order which we shall give, unless such order otherwise specifies.

Firm Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Purchaser/Authorized Agent \_\_\_\_\_

0193-8096 \_\_\_\_\_  
Certificate of Registration Certificate of Registration  
Holt Supply Number Number of Purchaser

**OFFICE USE ONLY**  
HSC Location Submitting App 1 2 3 5 7 8 9 10 12  
Salesman Code \_\_\_\_\_  
SPS # \_\_\_\_\_  
Holt Supply Contact \_\_\_\_\_



# 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. \_\_\_\_\_  
Registration 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 registration or Illinois resale number is valid and active.

## 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 registration 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.

