



AMERICAN EAGLE[®]

FOOD MACHINERY, INC.

3131 S. Canal St. Chicago, IL 60616 • 773.376.0800 • 773.376.2010 • www.americaneaglemachine.com • sales@ameagle.biz

RESELLER CREDIT APPLICATION FORM AND AGREEMENT (Revised 07/2015)

INSTRUCTIONS: Please print or type. Form must be completed in all parts to be processed. If a corporation, the signature must be that of an **authorized officer**. If a partnership, the application must be signed by all partners. The submission of this application does not guarantee an open account term. It is not approved until accepted by American Eagle Food Machinery, Inc.

I. APPLICANT INFO **Date:** _____ (MM/DD/YYYY)

Business Legal Name: _____ **Federal Tax ID:** _____

Legal Entity: ___ Corporation ___ Partnerships ___ Sole Proprietorship

DBA (Do Business As): _____

Division/Subsidiary of (if any): _____

State of Incorporation: _____ **Date of Registration:** _____

Street Address: _____

Bill To (if different): _____

Ship To (if different): _____

Telephone #: _____ **Fax #:** _____ **URL (web address):** _____

Contact Officer: _____ **Title:** _____ **Direct #:** _____ **E-Mail:** _____

Account Payable Contact: _____ **Direct#:** _____ **E-Mail:** _____

Type of Business: _____

Business Established Since: _____ (MM/YY) **At Current Location Since:** _____ (MM/YY)

Number of Employee: _____ **Annual Sales Volume:** _____

All Owners, Principals, Partners, or Officers (Use separate sheet if necessary to list everyone)

Name	Title	Telephone #	Address	SS#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

II. CREDIT REFERENCES: Default terms are prepaid cash/cashier checks, wire transfer, or Visa/Mastercard. To apply for credit terms of sale, please complete the remaining pages.

Desired Terms/Credit Line (if qualified): _____

Bank References & Credit References: Please complete and sign the following pages or attach your own reference sheet with signed authorization statements for releasing the information to American Eagle Food Machinery, Inc.

The Federal Equal Credit Opportunity Act prohibits credit grantor from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract). The Federal Agency that administers compliance with this law is the Federal Trade Commission, Washington DC, 20580.



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IIA. AUTHORIZATION TO RELEASE BANK CREDIT INFORMATION (Revised 07/2015)

INSTRUCTIONS: Please fill in and sign the top portion of this section. Please kindly provide the account numbers for **all applicable accounts** in the bottom portion of this form. The more complete your banking information is the easier and **faster it will be to process your credit application.**

TO BANK: _____ **REGARDING:** _____
 (Your Bank Name) (Your Company Name)

We are currently in the process of establishing trade credit with AMERICAN EAGLE FOOD MACHINERY, INC. We therefore authorize you to release **all related deposit accounts and loan/line of credit** information to AMERICAN EAGLE FOOD MACHINERY, INC., with respect to our account(s) and credit facilities with you. Please provide the requested information to AMERICAN EAGLE FOOD MACHINERY, INC. directly in order to expedite approval.

Bank Contact Name: _____ **Phone#:** _____

Authorized Officer: _____ **Date** _____
 (Print Name) (Title)

<u>TO BE COMPLETED BY CUSTOMER</u>		<u>FOR BANK USE ONLY</u>		
<u>Account Type</u>	<u>Account Number</u>	<u>Date Open</u>	<u>Current Balance</u>	<u>Year To Date Avg</u>
Checking	_____	_____	_____	_____
Money Market	_____	_____	_____	_____
Sweep	_____	_____	_____	_____
Others	_____	_____	_____	_____
Loan	_____	_____	_____	High Credit: _____
Line of Credit	_____	_____	_____	Line Authorized for Use: _____
		Returned Check:	Yes ()	No ()
		Rating:	Excellent ()	Good ()
			Satisfactory ()	Poor ()
		Comments:	_____	_____
		Prepared By:	_____	_____
			(Print Name)	(Signature)
		Date:	_____	

II. TRADE REFERENCES: Please provide the following trade references (within the same industry or business type as yours) or attach a separate sheet with this information

COMPANY NAME	CONTACT NAME	PHONE#	E-MAIL	TERM /LINE

III. CREDIT AGREEMENT

In consideration of, and in order to allow American Eagle Food Machinery, Inc. (AEFM) to establish a line of credit or accept C.O.D. company checks, I/we understand and agree to pay for all charges to the account in accordance with the terms of sale. If purchase order terms received conflict with AEFM terms of sale, the terms of this credit application will prevail. If at any time, and for any reason, we are unable to pay for purchases when due, we agree to be billed and pay an additional charge of 1.5% per month (18 percent per annum) as fair average compensation to AEFM. I/we acknowledge that all terms are subject to periodic reviews and may be changed at AEFM discretion. We understand that all claims, requests for adjustments, or notifications of errors must be made in writing within thirty days or charges are considered accepted and that all returns require to comply with AEFM RMA policy as attached. If, for any reason, collection proceedings or legal action are deemed necessary by AEFM to collect any portion of the amount that is in default, I/we agree that all disputes and arbitrations shall be regulated by Cook County Court, Illinois. I/we agree to pay all bank fees, collection costs including reasonable attorney fees whether or not suit is filed, through final dispensation. Should the name, ownership, or structure of this business, change in any way after the date of this application, I/we agree to notify AEFM in writing and by certified mail return receipt requested, of such changes and agree that any and all charges, due invoices and other fees incurred until such notice is received shall remain mine/ours responsibility. I/We certify that all information provided herein are true and correct, and that all debts are currently being paid in the normal course of business as they become due and that no insolvency exists as defined in the Bankruptcy Reform Act and that no petition has been contemplated or filed for protection. I/We grant AEFM a continuing security interest or lien on all merchandise purchased on the applicants account until paid in full. This agreement is binding on the Applicant(s). A facsimile or copy of this application and signature can be accepted as an original. Should any part of this agreement for any reason be declared invalid, such decision shall not affect the validity of the remaining parts, which will remain in full force and effect. I/We authorize AEFM to conduct any banks, trade reference history, or consumer credit inquires needed as necessary to grant terms.

X _____	X _____
Legal Signature	Legal Signature
Date	Date
(Signature is of the owner, 2 partners or 2 corp. officers, or authorized signers with legal documents)	
X _____	X _____
Print Name	Print Name
Title	Title

IV. AMERICAN EAGLE FOOD MACHINERY, INC. RMA POLICY

1. CONTACT OUR CUSTOMER SERVICE DEPT. VIA PHONE: 773-376-0800 OPTION. 2 TO OBTAIN THE RMA REQUEST FORM OR: DOWNLOAD RMA FORM FROM WWW.AMERICANEAGLEMACHINE.COM
2. HAVE READY: (1). CORRESPONDING INVOICE(S) NUMBER(S).(2). MODEL, ITEM NUMBER, OR PART NUMBER, AND QUANTITY. (3). REASON FOR RETURN.
3. RMA DEPT. WILL THEN FAX OR E-MAIL YOU AN RMA REQUEST FORM. (PLEASE ALLOW UP TO 1 BUSINESS DAY TO SEND FORM)
4. COMPLETE THE RMA REQUEST FORM AND FAX (773.376.2010) OR EMAIL (FEEDBACK@AMEAGLE.BIZ) BACK TO AEFM WITH COPY OF THE INVOICE(S). INCOMPLETE FORMS COULD RESULT IN A DELAY OF RMA PROCESS. (PLEASE ALLOW UP TO 1 BUSINESS DAY TO COMPLETE/APPROVE YOUR REQUEST AFTER SUBMITTING COMPLETE INFORMATION.)
5. THE RMA NUMBER IS VALID FOR FIFTEEN DAYS FROM THE ISSUING DATE. PLEASE SHIP YOUR RETURN ITEMS PROMPTLY VIA PREPAID FREIGHT.
6. DISPLAY THE RMA NUMBER PROMINENTLY ON THE SHIPPING LABEL OR ON THE EXTERIOR SHIPPING CONTAINER. ITEMS RECEIVED WITHOUT A VALID RMA NUMBER WILL BE REJECTED OR SHIPPED BACK FREIGHT COLLECT.
7. PRODUCTS WILL BE SHIPPED BACK TO YOU VIA UPS OR GROUND TRUCKING SERVICE ONLY. IF YOU REQUEST A FASTER DELIVERY, THE FREIGHT DIFFERENCE WILL BE CHARGED TO YOUR ACCOUNT.
8. RETURN PRODUCTS MUST BE SENT FREIGHT PREPAID IN ORIGINAL PACKAGING. SECURE PACKAGING TO PREVENT ANY SHIPPING DAMAGE. AEFM WILL NOT BE RESPONSIBLE FOR DAMAGES CAUSED BY POOR, IMPROPER OR INSUFFICIENT PACKAGING.
9. RETURN PRODUCTS WITH DIFFERENT RMA NUMBER MUST BE SHIPPED IN SEPARATE BOXES. IF YOU NEED TO COMBINE ALL ITEMS IN ONE BOX, YOU MUST WRITE THE RMA NUMBER(S) FOR EACH ITEM. INCOMPLETE OR INCORRECT RMA(S) INFORMATION ON THE SHIPPING PACKAGE, WILL CAUSE US TO REFUSE THE COMPLETE SHIPMENT AND RETURN IT TO YOU AT YOUR EXPENSE.
10. ALL RETURNED (NON DEFECTIVE) ITEMS MUST BE IN RESALABLE CONDITION, ACCOMPANIED WITH ORIGINAL CARTON, PACKAGING MATERIALS, AND ALL ACCESSORIES INCLUDED WHEN FIRST PURCHASED.
11. ANY PRODUCT WHICH HAS BEEN COSMETICALLY ALTERED OR PHYSICALLY DAMAGED IN ANY WAY OR FORM (I.E. PRIVATE LABEL, TAG, STENCILED, TAMPERED WITH, ABUSE, FREIGHT DAMAGE, ETC.) WILL NOT BE ACCEPTED FOR RETURN FOR CREDIT OR REPLACEMENT.
12. A 20% RESTOCKING FEE WILL BE ASSESSED IF THE REASONS FOR RETURN ARE ONE OF THE FOLLOWING: (1). YOU HAVE ORDERED THE WRONG ITEMS (2). YOU ARE NOT SATISFIED WITH THE PERFORMANCE, BUT THE PRODUCT IS NOT DEFECTIVE. (3). THE ITEMS YOU HAVE ORDERED ARE NOT COMPATIBLE WITH THE OTHER COMPONENTS. (4). ALL PRODUCTS RETURNED FOR CREDIT AFTER 30 DAYS FROM THE ORIGINAL DAY OF PURCHASE (INCLUDING EVALUATION ITEMS).
13. FREIGHT (SHIPPING) CHARGES ARE NON-REFUNDABLE.
14. EVALUATION AND COSIGNED UNITS MUST ALSO FOLLOW AEFM RMA PROCEDURE.
15. WARRANTY RETURNS MUST ALSO FOLLOW AEFM RMA PROCEDURE (SEE WARRANTY POLICY FOR DETAILS)

Read, understood and agreed by : _____ date: _____

Signature : _____

THE CREDIT APPLICATION WILL NOT BE PROCESSED IF AEFM RMA POLICY IS NOT RETURNED SIGNED.



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.

DO NOT WRITE IN THE AREA BELOW: AMERICAN EAGLE FOOD MACHINERY INTERNAL USE ONLY

Customer Name/Lead Code: _____ **Sales Code:** _____ **Date:** _____

Products/Models Interested: _____

Initial Order Items/Unit price/Amount Total : _____

First Order Expected Date: _____

Net Term Required for Account Setup(Y/N): _____

Stock Symbol/ Price Per Share (if Public Company): _____

Sales Comments: _____

Resale Permit Verified By: _____

Initial Term/Line Granted: _____

By: _____

Date: _____