



Thank you for your interest in doing business with I-State Truck Centers. We appreciate the opportunity to serve you. We're committed to providing world-class products and exceptional service to our customers.

Please complete and return the attached credit application at your earliest convenience. Do not leave any blanks, as the application must be filled out completely. An exemption certificate has been provided for your convenience. The certificate should be completed and returned only if you are tax exempt.

All applicants and individuals must sign and complete the credit application.

**Please email the credit application to:**  
[creditapplication@istate.com](mailto:creditapplication@istate.com)

Thank you for doing business with I-State Truck Centers. You should hear about your credit approval soon.

**We look forward to serving you in the future.**

### Credit Application

**Bill To Address**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_ - \_\_\_\_\_

AP Phone \_\_\_\_\_

AP Email Address \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ S.S. # \_\_\_\_\_

Statement Required:      Yes     No     Corp     Partnership

Purchase Order Number Required:    Yes     No     LLC     Sole Proprietor

Are Purchases Taxable:      Yes     No     Govt

**Shipping Address**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_ - \_\_\_\_\_

**Trade References**

List four trade references with complete address and email address or fax number. Do not include credit cards, insurances, accountants, lease payments, utilities or bank loans.

Company Name	Address	Email Address or Fax
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Bank Reference**

Bank Name	Account Number	Phone Number
_____	_____	_____

Credit availability needed on a monthly basis \$\_\_\_\_\_ Payment terms are Net 30, unless otherwise stated on the applicable invoice. Accounts that are past due will be subject to credit hold until paid current.

Borrower Name \_\_\_\_\_

Print Name \_\_\_\_\_

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

Guarantor \_\_\_\_\_

Print Name \_\_\_\_\_

Guarantor Signature \_\_\_\_\_ Date \_\_\_\_\_

ECOA Notice 701(a)      **Upon completion email [creditapplication@istate.com](mailto:creditapplication@istate.com)**

The Federal Credit Opportunity Act prohibits creditors from discriminating against the credit application on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to contract); because all or part of the applicant's income derives from any public assistance program or because the applicant in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Opportunity, Washington, DC 20580.

## GENERAL CREDIT TERMS

These General Credit Terms are incorporated by reference into the signed Credit Application (collectively, this "Agreement"). In this Agreement, the words "you" and "your" mean any person who executes this Agreement whether as borrower or guarantor, whether individually or on behalf of a legal entity, has requested and is issued credit, and is authorized to use the Credit Account established at your request (the "Account"). The words "we", "us" and "our" means, individually or collectively, Interstate Power Systems, Inc., IState Truck, Inc., Interstate Assembly Systems Inc., Interstate Bearing Systems, Inc., Interstate Companies, Inc. and all affiliates, subsidiaries, successors and/or assigns.

1. **Promise to Pay; Payment.** You promise to pay us or anyone else we designate, the total of all credit advances, finance charges, interest, and cost and expenses for which you are responsible under the Account within 30 days of the each month's statement, unless otherwise stated on an applicable invoice. You also promise to pay interest at the rate of 1.5% per month on any past due balance computed on the previous month's ending balance and any and all other charges mentioned below, according to the terms of this Agreement. You may make your payment by check or money order in U.S. funds and mail it to the address shown on our invoice. Unless otherwise agreed upon in writing or required by law, payments may be applied to amounts due at our discretion.
2. **Returned Check Fee.** If any check presented in payment on your Account is returned to us unpaid by your bank, we may charge to your Account the amount of the check plus a collection fee of \$20.00 to cover our collection costs, plus any bank service fees, along with such other amount as may be authorized under Minnesota law. We will add any such fees to the balance due on your Account.
3. **Security Interest.** For the consideration described herein, you grant us a security interest in all goods purchased on your Account, and all proceeds thereof (the "Collateral"), to secure repayment of all amounts due on your Account. You agree that we have the rights set forth in this Agreement in addition to those rights we have under applicable law, including but not limited to any other common law or statutory lien on the Collateral until the Account is paid in full. You agree to take any action we may request in order to perfect and to continue to perfect our security interest in the Collateral. This is a continuing security agreement and will continue in effect even though all or a part of the Account is paid in full and even though for a period of time you may not be indebted to us. Except in the ordinary course of business you agree to keep the Collateral at the address listed above. You agree not to sell or otherwise transfer the Collateral, except in the ordinary course of business, until the Account has been paid in full. You authorize us to file a financing statement to perfect our security interest in accordance with applicable law.
4. **Default/Collection Costs.** Each of the following will constitute a default under Agreement: (i) you fail to timely make payments when due; (ii) you fail to comply with any other terms of this Agreement or applicable invoices; (iii) you are insolvent, or any insolvency, bankruptcy, or receivership proceeding is commenced by or against you; (iv) the dissolution or termination of your business; or (v) you die. In the event of a default under this Agreement, subject to any right you may have under applicable law to cure such default, we may declare the entire unpaid balance on the Account immediately due and payable. We may also require you to assemble and deliver to us all or any portion of the Collateral, or proceeds thereof, and any other documents related to the Collateral. Upon default, we shall have the full power to repossess, sell, lease, or otherwise deal with the Collateral, or the proceeds thereof. We may sell the Collateral at public auction or private sale. You agree that the requirements for reasonable notice will be met if notice is provided at least ten (10) days prior to the disposition of the Collateral. All costs and expenses associated with repossession and disposition of the Collateral shall become part of the amount due on the Account secured by this Agreement, and shall be payable on demand, with interest, from the date of expenditure until repaid. If we sell or dispose of the Collateral, we may obtain a judgment against you for any deficiency remaining on the Account after application of the amounts received after exercise of the rights under this Agreement. We shall have all of the rights and remedies of a secured creditor under the Uniform Commercial Code, as may be amended from time to time. In addition, we shall have all other rights and remedies available at law, in equity, or otherwise.
5. **Canceling or Limiting Credit; No Notice or Loss of Rights.** We reserve the right at any time to limit or terminate the use of your Account without giving you notice in advance, unless we are required to give you notice by applicable law. We do not have to tell you if any amount owing under this Agreement is not paid by the day that it becomes due. We can do any of the following without notice to you and without losing any rights against you: (i) accept a check or order marked "paid in full" or with similar language as payment under this Agreement; (ii) give additional time for payment of any amount owing under the Agreement, regardless of the number of times we previously did so and regardless of the length of any additional time previously; or (iii) exercise, delay exercising or give up any right against any person.
6. **Credit Investigation.** You give us permission to investigate your credit history by obtaining credit reports and by making direct inquiries of businesses where you have accounts and where you work, if applicable. We may request a credit report from credit reporting agencies in considering your application for this Account and later in connection with an update, renewal, extension of credit, or in connection with the collection of this Account. Upon your request we will tell you whether or not a credit report was requested and the name and address of any credit-reporting agency that furnished the report. You also authorize us to report your performance under this Agreement to credit bureaus and others who may properly receive such information.
7. **Disputed Amounts.** All communications concerning disputed amounts or billing inquiries must be sent to Interstate Companies, Inc. 1340 Corporate Center Curve, Eagan, Minnesota 55121. Any check or other payment instrument in an amount less than the full amount due or marked as "paid in full" or any other restrictive endorsement will in no case discharge the full amount due unless there is an agreement to release the balance coupled with an acceptance of the payment as an accord and satisfaction.
8. **Terms and Conditions of Sale.** In establishing this Account you agree to be bound by the following: (i) our General Terms & Conditions; (ii) Mechanic's Lien Rider (iii) Abandoned Vehicle Rider; and (iv) Storage Fee & Lien Rider (together, the "Contract Documents") which constitute a complete statement of the agreement between you and us. The Contract Documents are available at: <http://www.istate.com/about/terms-and-conditions>.
9. **Miscellaneous.** You agree to notify us promptly in writing if you change your address. Until we receive notice of your new address, we will continue to send invoices and other notices to the address set forth above. You cannot assign or transfer any of your rights under this Agreement without our prior written consent. You understand and agree that this Agreement is entered into between you and us in Minnesota, it is not valid until we accept it in Minnesota, and any credit we extend to you is extended in Minnesota. You further understand and agree that this Agreement is governed only by applicable federal law and the law of the State of Minnesota, without regard to its conflicts of law principles, regardless of whether or not you live in Minnesota and whether or not goods are purchased or services are rendered in Minnesota. You understand and agree to submit to the jurisdiction of the courts of the State of Minnesota, and the Federal Court of the United States located in Minnesota. To the extent that you or any of your property has or may hereafter acquire any right of sovereign immunity from suit, you hereby irrevocably and unequivocally waive any such right of sovereign immunity in respect of your obligations, rights and duties under this Agreement. The invalidity of any provision of this Agreement, or the General Terms & Conditions as set forth on the invoice, shall not affect the remaining provisions hereof. We may change any terms of this Agreement effective as of the date we furnish you notice of the change to the extent required by law.

**Borrower:** \_\_\_\_\_

**Guarantor:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

**1** Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)  
**Istate Truck, Inc.**

**2** Business name/disregarded entity name, if different from above.  
**I-State Truck Centers**

**3a** Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor     C corporation     S corporation     Partnership     Trust/estate

LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) \_\_\_\_\_

**Note:** Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

Other (see instructions) \_\_\_\_\_

**3b** If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See Instructions \_\_\_\_\_

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) **5**  
 Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the United States.)*

**5** Address (number, street, and apt. or suite no.). See instructions.  
**1340 Corporate Center Curve**

**6** City, state, and ZIP code  
**Eagan, MN 55121**

**7** List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
				-						
or										
Employer identification number										
3	2		-	0	0	3	6	1	6	0

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here** Signature of U.S. person *[Signature]* Date *01-02-2025*

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



# Streamlined Sales Tax Certificate of Exemption

**Do not send this form to the Streamlined Sales Tax Governing Board. Send the completed form to the seller and keep a copy for your records.**

This is a multi-state form for use in the states listed. Not all states allow all exemptions listed on this form. The purchaser is responsible for ensuring it is eligible for the exemption in the state it is claiming the tax exemption from. Check with the state for exemption information and requirements. The purchaser is liable for any tax and interest, and possible civil and criminal penalties imposed by the state, if the purchaser is not eligible to claim this exemption.

**1.** Check if this certificate is for a single purchase. Enter the related invoice/purchase order # \_\_\_\_\_.

**2.** A. Purchaser's name \_\_\_\_\_

B. Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip code \_\_\_\_\_

C. Name of seller from whom you are purchasing, leasing or renting \_\_\_\_\_

D. Seller's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip code \_\_\_\_\_

**3. Purchaser's type of business.** Check the number that best describes your business.

- |   |                                   |                                       |
|---|-----------------------------------|---------------------------------------|
| 01 Accommodation and food services            | 08 Real estate                    | 15 Professional services              |
| 02 Agriculture, forestry, fishing, hunting    | 09 Rental and leasing             | 16 Education and health-care services |
| 03 Construction                               | 10 Retail trade                   | 17 Nonprofit organization             |
| 04 Finance and insurance                      | 11 Transportation and warehousing | 18 Government                         |
| 05 Information, publishing and communications | 12 Utilities                      | 19 Not a business                     |
| 06 Manufacturing                              | 13 Wholesale trade                | 20 Other (explain) _____              |
| 07 Mining                                     | 14 Business services              |                                       |

**4. Reason for exemption.** Check the letter that identifies the reason for the exemption.

- |  |   |
|--|---|
| A Federal government (Department) * _____  | H Agricultural Production *             |
| B State or local government (Name) * _____ | I Industrial production/manufacturing * |
| C Tribal government (Name) * _____         | J Direct pay permit *                   |
| D Foreign diplomat # _____                 | K Direct Mail *                         |
| E Charitable organization *                | L Other (Explain) _____                 |
| F Religious organization *                 | M Educational Organization *            |
| G Resale *                                 |   |

\* see Instructions on back (page 2)

**5. Identification (ID) number:** Enter the ID number as required in the instructions for each state in which you are claiming an exemption. If claiming multiple exemption reasons, enter the letters identifying each reason as listed in Section 4 for each state.

ID number	State/Country	Reason	ID number	State/Country	Reason
AR	_____	_____	NV	_____	_____
GA	_____	_____	OH	_____	_____
IA	_____	_____	OK	_____	_____
IN	_____	_____	RI	_____	_____
KS	_____	_____	SD	_____	_____
KY	_____	_____	TN	_____	_____
MI	_____	_____	UT	_____	_____
MN	_____	_____	VT	_____	_____
NC	_____	_____	WA	_____	_____
ND	_____	_____	WI	_____	_____
NE	_____	_____	WV	_____	_____
NJ	_____	_____	WY	_____	_____

**6.** I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of authorized purchaser \_\_\_\_\_ Print name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## Streamlined Sales and Use Tax Exemption Certificate Instructions

**Sections 1-6 are required information. A signature is not required if in electronic form.**

**Section 1:** Check the box for a single purchase and enter the invoice number. If the box is not checked, this certificate is considered a blanket certificate and remains effective until cancelled by the purchaser if purchases are no more than 12 months apart, unless a longer period is allowed by a state.

**Section 2:** Enter the purchaser's and seller's name, street address, city, state, country and zip code.

**Section 3 Type of Business:** Check the number that best describes the purchaser's business or organization. If none of the categories apply, check 20 and provide a brief description.

**Section 4 Reason for Exemption:** Check the letter that identifies the reason for the exemption. If the exemption you are claiming is not listed, check "L Other" and provide a clear and concise explanation of the exemption claimed. Not all states allow all exemptions listed on this form. The purchaser must check with that state for exemption information and requirements.

**Section 5 Identification ID Number:**

### **Purchaser's Instructions:**

Enter the ID number as required in the instructions below for each state in which you are claiming an exemption. Identify the state or if a foreign ID, the country the ID number is from. If multiple exemption reasons are being claimed enter the letters identifying the reasons for exemption as listed in Section 4 for each state.

**ID Numbers for Exemptions *other than resale*:** You are responsible for ensuring that you are eligible for the exemption in the state you are claiming the tax exemption. Provide the ID number to claim exemption from sales tax that is required by the taxing state. Check with that state to determine your exemption requirements and status.

Foreign diplomats and consular personnel must enter their individual tax identification number shown on their sales tax exemption card issued by the United States Department of State's Office of Foreign Missions.

**ID Numbers for *Resale Purchases (Including Drop Shipments)*:** If you are claiming a purchase is not subject to tax because it is for resale (Exemption Reason G.) and you are:

1. **Required to be registered in the state you are claiming the tax exemption:** Provide your sales tax ID number issued by that state. If claiming exemption in OH and registration is not required in the state, enter any tax ID number issued by OH. If claiming exemption in MI and registration is not required in the state, enter "Not Required".
2. **Not registered in the state you are claiming the tax exemption:** Provide your sales tax ID number issued by any state.
3. **Not required to register for sales tax and you do not have a sales tax identification number from any state:** Enter  
-Your FEIN.  
-If you do not have a FEIN, enter a different state-issued business ID number.  
-If you do not have any state-issued business ID number or FEIN, enter your state driver's license number.
4. **A foreign purchaser and you do not have an ID number described in 1, 2 or 3:** The following states will accept the tax ID number (e.g., VAT number) issued by your country: AR, IN, KS, KY, ND, NJ, OK, RI, SD, TN, UT, WA, WY. All other states require an ID number as listed in 1, 2 or 3.

**If you do not have any of the ID numbers listed in 1 thru 4:** You are not required to list an ID number for the following states: NE, OH, SD, WI. Enter "Not Required" and the reason for exemption for that state. All other states require an ID number.

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### **Seller's Instructions**

**The seller is not required to verify the purchaser's ID number or determine the purchaser's registration requirements.** (GA requires the seller verify the purchaser's ID number.) The seller is required to maintain proper records of exempt transactions and provide those records to the state when requested in the form in which it is maintained. These certificates may be provided in paper or electronic format.

The seller is not liable for any tax, interest, or penalty if the purchaser improperly claims an exemption or provides incorrect information on the certificate, provided all the following conditions are met:

1. The fully completed exemption certificate is provided to the seller at the time of sale or within 90 days subsequent to the date of sale;
2. The seller did not fraudulently fail to collect the tax due; and
3. The seller did not solicit customers to unlawfully claim an exemption.

**Note:** A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

**Drop Shipper Instructions:** The drop shipper may accept an ID number to claim the resale exemption as provided above in the Purchaser's Instructions. The ID number may include an ID number issued by another state. This may result in the same ID number being used for multiple states to claim the resale exemption (e.g., a retailer or marketplace seller may only be required to register for sales tax in one state).