



270 West Park Avenue
 Huron, SD 57350
 605-352-4550
 Fax: 605-352-2927
 Toll Free: 877-860-7669

Credit Application

Please complete, sign, and return this form along with your Credit References to
ARlankota@lankota.com or Fax: (605)352-2927

Billing Address:

Shipping Address: Please attach separate sheet if multiple locations.

Company Name	Company Name
Attention:	Attention:
Street Address	Street Address
City, State, Zip	City, State, Zip
Telephone Fax	Telephone Fax
Email	Email

Company Information

Type of Business:	In Business Since:
Resale No. (If for resale, please provide Copy of Certificate)	Is Merchandise for Resale? <input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Form Under Which Business Operates: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>	
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Accounting Contact:	Email
Address City State Zip Phone	
Bank Reference:	Address Phone# Contact Name
Trade Reference:	Address Phone# Fax#
Trade Reference:	Address Phone# Fax#
Trade Reference:	Address Phone# Fax#

PLEASE SUPPLY THE FOLLOWING INFORMATION TO HELP US SERVE YOUR ACCOUNT NEEDS.

- 1. Purchase Order numbers will be required from our company.** All product will not be released unless provided when ordering.
2. Do you have any restrictions on who can order? If yes, a list of authorized personnel must accompany this application. Yes No
3. Do you have a previous account with Lankota? If yes, when? _____ Yes No

OPEN ACCOUNT CREDIT TERMS:

1. Each Invoice is due and payable within 15 days from the invoice date.
2. At the discretion of Lankota, any account with a delinquent balance may be placed on a cash basis at any time. An attempt will be made to collect all delinquent balances and after a reasonable amount of time collect procedures will be implemented.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Date: _____ Name: _____ Title: _____

CONTINUING PERSONAL GUARANTEE:

The undersigned hereby unconditionally guarantee(s) the full and prompt payment of Lankota when due all indebtedness, obligations, and liabilities of the customer named in this Credit Application, including all amounts now owing and arising in the future, and including any interest, attorney fees, and collections and court costs. The undersigned agrees to personally bind all credit terms of this Credit Application.

Date: _____ Name: _____ Title: _____

INTERNAL USE ONLY: Approval for Credit Yes No Initials _____ Date: _____