

APPLICATION FOR CREDIT



701 SE 12TH STREET, P.O. BOX 409

MADISON, SD 57042-0409 – TELEPHONE (605) 256-4561 – FAX# (605) 256-3842

BILLING ADDRESS:

NAME: _____ PHONE# () _____

STREET: _____ FAX# () _____

CITY: _____ STATE: _____ ZIP: _____

WEB SITE: _____ E-MAIL: _____

CONTACT PERSON: _____ OWN: _____ RENT: _____ HOW LONG?: _____

SHIPPING ADDRESS: (IF DIFFERENT FROM ABOVE)

NAME: _____ PHONE# () _____

STREET: _____ FAX# () _____

CITY: _____ STATE: _____ ZIP: _____

OTHER INFORMATION:

NUMBER OF EMPLOYEES: _____ ESTIMATED ANNUAL SALES: _____

_____ CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____ INDIVIDUAL

FEDERAL ID#: _____ SALES TAX EXEMPT: _____ EXEMPT#: _____
(If sales tax exempt, certificate must be attached)

OWNER INFORMATION:

PRESIDENT NAME ADDRESS CITY STATE ZIP PHONE ()

SECRETARY NAME ADDRESS CITY STATE ZIP PHONE ()

TREASURER NAME ADDRESS CITY STATE ZIP PHONE ()



FINANCE INFORMATION:

_____	_____	_____	_____	_____	_____	_____
BANK NAME	ADDRESS	CITY	STATE	ZIP	PHONE	()

						FAX

TRADE REFERENCES: (Please list references extending comparable credit.)

_____	_____	_____	_____	_____	_____	_____
NAME	ADDRESS	CITY	STATE	ZIP	PHONE	()

						FAX

_____	_____	_____	_____	_____	_____	_____
NAME	ADDRESS	CITY	STATE	ZIP	PHONE	()

						FAX

_____	_____	_____	_____	_____	_____	_____
NAME	ADDRESS	CITY	STATE	ZIP	PHONE	()

						FAX

SIGNATURES: I certify that the information stated in this application is true, correct to the best of my knowledge, and that I am authorized to act on behalf of the applicant. I understand that this application will be kept whether or not it is approved. You and any subsequent creditor are authorized to check my credit history, to answer questions about your credit experience with me and to disclose credit information to each other.

COMPANY NAME: _____

OWNER/OFFICER SIGNATURE: _____ TITLE: _____

PERSONAL GUARANTEE:

In consideration for credit extended the undersigned guarantor(s) contracts and guarantees the faithful payment, when due, of all accounts for ten years from the date of this application. The undersigned guarantor(s) expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. This guarantee shall not be revoked.

PRINTED NAME SIGNATURE SS# DATE

PRINTED NAME SIGNATURE SS# DATE



AUTHORIZATION FOR RELEASE OF INFORMATION

DATE: _____

TO: _____

NAME OF BANK

ADDRESS

CITY, STATE, ZIP

ACCOUNT NUMBER

We, _____ have applied for open account credit with ROSEBUD MANUFACTURING COMPANY, INC., of Madison, South Dakota and have given your name as reference. Therefore, we authorize you to furnish Rosebud with the information they request concerning our financial dealings with your institution.

Owner/Officer Signature

Title

Address

City, State, Zip