

Banking Information:

Bank Name	Checking Account Number	Bank Address	Contact
Bank Name	Loan Account Number	Bank Address	Contact

Trade References: (Please list only active charge accounts)

Company Name	() Phone	() Fax
Company Name	() Phone	() Fax
Company Name	() Phone	() Fax

Credit Terms and Agreement: All charges in one month are due in full by the last day of the following month. A service (finance) charge of 1.5% per month will be assessed for balances outside of payment terms. Past due accounts are subject to immediate withdrawal of charge account privileges and may also result in the filing of mechanic's liens and/or other legal remedies, when applicable. In the event that legal action is initiated to collect past due accounts, applicant agrees that Pete Lien & Sons, Inc. shall be entitled to any and all attorney's fees, filing costs and expenses incurred in the collection of said accounts.

By signing below Applicant(s) attest(s) to having the financial responsibility, ability and willingness to pay all charges and agree to the credit terms set forth above.

The above information is for the purpose of obtaining credit and is warranted to be true. I hereby authorize Pete Lien & Sons, Inc. to investigate the references listed and other sources pertaining to my/our credit worthiness and financial responsibility.

Company Name _____ Date _____

By _____
Signature Title

Printed Name

In consideration of granting credit, I/We do hereby agree to personally guarantee payment of all charges on this account (at least one signature required):

By _____
Signature Printed Name Date

By _____
Signature Printed Name Date



**PO Box 440
Rapid City, SD 57709
Phone (605) 342-7224 Fax (605) 939-2788**

Release of Credit Information

To Vendor/Bank:

The Applicant listed below has applied for credit with our company. The undersigned, as agent for the Applicant, authorizes the release of any information necessary to determine or evaluate the extension of credit at any time by Pete Lien & Sons, Inc.

Company Name _____

Agent Name _____

Title _____

Signature _____

Date _____