



**CREDIT APPLICATION
FILING INSTRUCTIONS:**

EMAIL (Preferred submission method):

Print and fill out this form. Scanned copy should be emailed to: **accountsreceivable@petelien.com**

POSTAL MAIL:

Send the application to:

**Accounts Receivable
PO Box 440
Rapid City, SD 57709-0440**

Please call 605-939-2850 with any questions you may have.

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Please list FULL LEGAL NAME of one or more owners or corporate officers. Give Social Security #, Address and Title.

_____ Name	_____ Social Security #/DOB	_____ Home Address	_____ Title
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_____ Name	_____ Social Security #/DOB	_____ Home Address	_____ Title
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Banking Information:

_____ Bank Name	_____ Checking Account Number	_____ Bank Address	_____ Contact
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_____ Bank Name	_____ Loan Account Number	_____ Bank Address	_____ Contact
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Trade References: (Please list only active charge accounts)

_____ Company Name	() Phone	() Fax
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_____ Company Name	() Phone	() Fax
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_____ Company Name	() Phone	() Fax
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Credit Terms and Payment: Payment terms are net 30 unless otherwise stated in a contract signed by both parties. A 1.5% monthly finance charges applies to overdue balances. If an account exceeds agreed payment terms, it will be placed on automatic credit hold, preventing future loads until the full balance, including interest, is paid. Defaults must be resolved within 10 days, or legal action may be taken, entitling Pete Lien & Sons to any collections costs and attorney's fees incurred during the collection of said account.

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.

Payment platform information is available upon request.

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. Customer credit is issued/withdrawn at the sole discretion of Pete Lien & Sons, Inc.

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) 939-2850**

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 _____