



47453 SD Hwy 22  
 Clear Lake, SD 57226  
 605-874-2550

# Business Credit Application

## Name/Address

Last:	First:	Middle Initial:	Title:
Name of Business:			Tax ID #:
Address:			
City:	State:	Zip:	Phone:

## Company Information

Type of Business:	In Business Since:		
Legal Form Under Which Business Operates:	Corporation	Partnership	Proprietorship
If Division/Subsidiary, Name of Parent Company:	In Business Since:		
Name of Company Principal Responsible for Business Transactions:	Title:		
Address:	City:	State:	Zip: Phone:
Name of Company Principal Responsible for Business Transactions:	Title:		
Address:	City:	State:	Zip: Phone:

## Bank References

Institution Name:	Institution Name:
Account #:	Account #:
Address:	Address:
Phone:	Phone:

## Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

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 authorized 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date