



Mt. Rushmore Black Hills Gold

P.O. Box 5600 • 2707 Mt. Rushmore Road • Rapid City, SD 57701
1-800-658-3361 • Fax: 1-800-568-6916

NEW ACCOUNT INFORMATION

Firm Name _____

Shipping Address _____

Street _____ City _____ State _____ Zip _____

Billing Address _____

Street _____ City _____ State _____ Zip _____

Phone Number () _____ Fax Number () _____ Business Started _____

Email Address: _____

Name(s) of Owner(s) _____ SS # _____

Name(s) of Owner(s) _____ SS # _____

Federal Tax Number _____ or, Sales Tax Number _____

Business Type: _____

Your Checks Will Be Drawn On: _____

Financial Institution Address _____

Street _____ City _____ State _____ Zip _____

Phone Number () _____ Account Number _____

* * * * *

*** Mt. Rushmore Black Hills Gold does require a \$ 1,000 opening order. No minimum on subsequent orders. ***

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BUSINESS TRADE REFERENCES

1. Name _____ Phone () _____ Fax () _____

Address _____ Account No. _____

2. Name _____ Phone () _____ Fax () _____

Address _____ Account No. _____

3. Name _____ Phone () _____ Fax () _____

Address _____ Account No. _____

* * * * *

Applicant agrees that extension of credit by seller should be subject to and in consideration of the following terms and conditions:

1. Payment of all amounts due, as evidenced by the account, shall be made not later than the due date as indicated on each invoice under the heading "terms." Exceptions, if any, will be noted on the invoice.
2. Amounts due in default under terms as indicated in item one above will be subject to a late charge of 1 1/2% per month.
3. Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, all subsequent collection charges and legal fees shall be paid by the applicant.
4. All subsequent orders are subject to acceptance and approval by the credit department.
5. This is my authorization to the bank named above to release information to Ridco, Inc. for the purpose of supporting the credit application. This information will be held strictly confidential.

AUTHORIZED SIGNATURE: _____ DATE _____

* * * * *

OFFICE USE ONLY

D & B _____ JBT _____ CREDIT LIMIT _____ BY _____

SALES REPRESENTATIVE _____