

RRI Customer/Credit Application

Organization Name: _____

Street Address: _____

City: _____ State: _____ County: _____ Zip: _____

Billing Address (if Different): _____

City: _____ State: _____ County: _____ Zip: _____

Business Number: _____ Cell Number: _____

Purchasing Contact: _____

E-Mail Address: _____

Tax I.D. Number: _____

Tax Exempt? ☐ Yes ☐ No

- If yes, a completed *Streamlined Sales Tax Certificate of Exemption (ND)* form must accompany your application. This is found on our website.

Legal Form Under Which Business Operates:

Government Agency:

- You may omit the "References" section on page two of this application.

Non-Profit Organization:

- Complete the "References" section on page two of this application.
- Provide a copy of one of the following:
 - IRS Form 501(c) Tax Exempt Certificate (available through the IRS), Or
 - Corporate Charter Certificate (available through the ND Secretary of State)

Wholesaler/Retailer:

- Complete the "References" section on page two of this application
- Sales and Use/Resale #: _____
- Complete and Sign Retailer Agreement - This is found on our Website

- I certify that the statements made on this application are true and that the organization listed above is not a trade association, fraternal organization, cooperative or health insurance company.
- I hereby authorize the bank and trade references to release information to Rough Rider Industries concerning the organization's credit and banking account history.
- I understand it is unlawful under federal law, 18 U.S.C. Section 1761, to knowingly transport prison-made goods in interstate commerce except for use by federal, state and local governmental entities or non-profit organizations.

Signature _____ Title _____ Date _____

For internal use only:

☐ Approved ☐ Not Approved Signature: _____ Date: _____

REFERENCES

Bank References

Institution Name:

Account Number:

Address:

City:

State:

Zip:

Contact Name:

Phone Number:

E-mail address:

Trade References

Trade Name:

Address:

City:

State:

Zip:

Contact Name:

Phone Number:

E-mail address:

Trade Name:

Address:

City:

State:

Zip:

Contact Name:

Phone Number:

E-mail address:

Trade Name:

Address:

City:

State:

Zip:

Contact Name:

Phone Number:

E-mail address:

For internal use only:

☐ Approved for Line of Credit - Term 30 Days

☐ Payments Due at time of delivery

☐ Prepayments Required

Signature

Date