



LITANIA SPORTS GROUP
P.O. BOX 1790
CHAMPAIGN, IL 61824-1790
PHONE: 217-367-8438
FAX: 217-367-8440
FEIN:71-0888369

New Dealer Profile Application

Company Name: _____

Main Address: _____

Phone: (____) _____

Website Address: www. _____

We are a: [] Team Only Dealer [] Team/Retail Dealer [] Contractor/Institutional Equip. Dealer
[] Catalog Dealer [] Internet Only Dealer [] Track Specialty Dealer

Do you (will you) sell track equipment through your website? YES NO

Do you (will you) sell gymnasium equipment through your website? YES NO

Other Team Sales Offices (city/zip): 1. _____
(Attach list if more than 2 offices)
2. _____

We have _____ Inside Sales People and _____ Outside Sales People

Our annual team sales are: [] < \$500K [] \$500k-\$1M [] \$1M-2.5M
[] \$2.5M-5M [] \$5M+

We cover this geographic area: _____
(for example: East Central Illinois, Western Oregon...)

How long have you sold Track & Field Equipment? _____

How long have you sold Gymnasium Equipment? _____

Do you sell Strength & Conditioning Equipment? _____

Are you prepared to place a stocking order? [] Yes [] Would rather not

Please Fax Profile Application with your Credit Application to 217-367-8440.



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APPLICATION FOR OPEN ACCOUNT

DATE ___/___/___

Company Name _____

Address _____

Telephone(____) _____ Fax(____) _____

Fed ID No. _____ or SS# _____

Resale Tax ID # and State: _____

Ownership Type: Incorporated _____ Partnership _____
Individual _____ Other _____

Duns # ____ - ____ - ____ Are you a publicly traded company? ___Yes ___No

Date Established: ___/___/___

Principal Owner: Name _____

Address _____

Name _____

Address _____

Controller Name: _____ Phone(____) _____

A/P Manager: _____ Phone(____) _____

Buyer Name: _____ Phone(____) _____

Amount of credit requested \$ _____

_____ Check here if we may ship on a prepaid basis (check or Mastercard/Visa with order) until credit is approved.

Please also forward your most current financial statements.



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DEALER BANKING INFORMATION

Bank Account No. _____

Bank Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Name _____ Phone(____) _____

Do you currently have a loan with this bank? Yes____ No____

Application for credit is hereby made and the following references given. It is understood this information will be held in the strictest confidence.

I hereby give my consent for my bank and creditors to release information pertinent to my credit rating to Litania Sports Group:

Company Name _____

Signed _____

Title _____



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CREDIT REFERENCES

Trade References - BE SURE TO PROVIDE FAX #'S. (Please do not give Wilson, Spaulding, Dun and Bradstreet or Nike. Do not include those companies with which you do prepay or COD orders.) Omission of any information will delay your application process.

1. Company Name
Address
City State Zip Code
Contact Phone() Fax # ()
Account No.

2. Company Name
Address
City State Zip Code
Contact Phone() Fax# ()
Account No.

3. Company Name
Address
City State Zip Code
Contact Phone() Fax # ()
Account No.

4. Company Name
Address
City State Zip Code
Contact Phone() Fax # ()
Account No.

Litania Sports Group

Credit Policies and Procedures

In consideration of Litania Sports Group (hereinafter called **LSG**), extension of credit to the Applicant, Applicant agrees to the following conditions and terms:

Payment terms are Net 30 days from invoice date on approved credit. Payment must be made by check, ACH transfer or wire transfer. Credit card payments will be accepted only at the time of shipment. A 1.5% per month service charge will be assessed on any balance 30 days past due (with a minimum \$5.00 service charge). **Any new orders on accounts with a balance 30 days past due will be placed on hold.** Orders on a hold status will be canceled within 30 days of placement if account has not been made current.

At 90 days from invoice date, your account is considered severely past due and may be placed on a prepaid basis for future orders. The account is also in jeopardy of being placed for collection.

Applicant is responsible for all costs of collection including reasonable attorney's fees. This agreement shall be construed under the laws of the State of Illinois. In any legal action arising out of the sales of goods to Applicant by **LSG**, including any collection action, Applicant hereby agrees and consents to the jurisdiction of the courts of the State of Illinois. Venue of any action brought hereunder shall be deemed to be in the County of Champaign, Illinois, and Applicant waives the right to change of venue. Applicant grants to **LSG** a security interest in the athletic goods sold to Applicant and all proceeds.

Freight terms are FOB our factory. Freight claims will be the responsibility of the consignee. Please refer to the inside back cover of our current price list for procedures for damaged or short shipments. All invoices will be subject to the past due rules above.

New accounts will take approximately 1-2 weeks processing time. During this time all orders will be accepted on a prepaid basis. When a credit limit has been established, you will be notified via fax.

I certify that all the information given on this application is correct. I understand and agree to abide by the credit policy and procedures as stated above. I, the undersigned, am duly authorized to act as an agent for Applicant and to enter into a binding contract or other legal obligations.

Signature

Date

Printed Name and Title

Company Name of Applicant

(09/09)

**Please complete and return to Litania Sports Group to use
our Online ACH Payments.**

ACH Authorization Agreement

I hereby authorize **Litania Sports Group** (hereinafter called **LSG**), to initiate credit or debit entries and to initiate, if necessary, any adjustments for any credit or debit entry in error to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY to debit and/or credit the same to such account. This authority is to remain in full force and effect until **LSG** has received written notification from me of its termination in such manner as to afford **LSG** and DEPOSITORY a reasonable opportunity to act on it. **LSG** will note the transaction on your account until funds are secured from my banking institution. Please note that, in the event **LSG** is unable to secure funds from your bank account for any submitted transactions for any reason, including but not limited to, insufficient funds in your account or insufficient or inaccurate information provided by you, further collection action may be undertaken by **LSG**, including application of returned bank fees to the extent permitted by law.

Your Bank: _____

City, State: _____

ABA#: _____

Acct#: _____ **Account Title:** _____

Name: _____

Signature: _____

Date: _____

Please return completed form via fax to 217-367-8440 or email to bdelaurier@litaniasports.com or mail original to Litania Sports Group, PO Box 1790 Champaign, IL 61824

Users Authorized to Submit Payment

I hereby authorize the below named personnel to submit transactions on my behalf. All authorized personnel are bound to the Terms of the Authorization Agreement.

Name: _____

Name: _____