



Litania Sports Group
FEIN: 71-0888369

P.O. Box 1790
Champaign, IL 61824-1790

Phone: 217-367-8438
Fax: 217-367-8440

New Dealer Profile Application

Company Name: _____ Date: ____ / ____ / ____

Main Address: _____

Phone: (____) _____ Fax: (____) _____

Web Address: _____

Sales Contact: _____ Order Notification Email: _____

Dealer Class:

- | | | | |
|--|--|---|--|
| <input type="radio"/> Catalog/Online | <input type="radio"/> Construction Dealer | <input type="radio"/> Team Sports Dealer/Retail | <input type="radio"/> Soccer Specialty |
| <input type="radio"/> Basketball Specialty | <input type="radio"/> Fitness Equip. Specialty | <input type="radio"/> Track and Field Specialty | <input type="radio"/> Volleyball Specialty |

List all locations (city, state): _____
(attach list if necessary)

Geographic Sales Territory: _____ Years Selling Athletic Equipment: _____

Annual Athletic Equipment Sales: < \$500,000 \$500,000-\$1M \$1M-2.5M \$2.5M-5M >\$5M

Are you prepared to place a stocking order? Yes Order Attached Prefer Not To

**Please Fax Profile Application with Your Credit Application to
217-239-2249 or NewAccount@LitaniaSports.com**

Please Attach and Send Your Most Current Financial Statements.

Banking Information

Bank Account No: _____ Bank Name: _____

Address: _____

Contact Name: _____ Phone: _____

Do you currently have a loan with this bank? YES NO

Application for credit 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:

Signed: _____ Title: _____

Company Name: _____



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Credit Information

Corporate Name: _____ Date Established: ____ / ____ / ____

Resale Tax ID Number and State: _____

Ownership Type: Incorporated Partnership Individual Other

Principal Owner: Name: _____ Phone: _____

Address: _____

A/P Contact: _____ Phone: _____

Email: _____ Amount of Credit Requested: _____

Check here if we may ship on a prepaid basis until credit is approved (Check or Credit Card with Order).

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 you do prepay or COD orders.) Omission of any information will delay your application process.

1) Company Name: _____ Contact Name: _____
Address: _____
City, State, Zip Code: _____
Contact Phone: _ () _____ Contact Fax: _ () _____
Account Number: _____

2) Company Name: _____ Contact Name: _____
Address: _____
City, State, Zip Code: _____
Contact Phone: _ () _____ Contact Fax: _ () _____
Account Number: _____

3) Company Name: _____ Contact Name: _____
Address: _____
City, State, Zip Code: _____
Contact Phone: _ () _____ Contact Fax: _ () _____
Account Number: _____



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Credit Policies and Procedures

In consideration of Litania Sports Group, Inc (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. A 1.5% per month service charge will be assessed on any balance 30 days past due. Accounts with a balance 30 days past due will be placed on credit hold. All engineering and manufacturing processing will cease for accounts on credit hold. At 90 days from invoice date, your account is considered severely past due and will be placed on a prepaid basis for future orders.

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. The Accounting Department will notify you when your application has been processed and your credit limit has been established.

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.

Signed: _____ Date: ____ / ____ / ____

Printed Name and Title: _____

Company Name: _____



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

ACH Authorization Agreement

I hereby authorize Litania Sports Group, Inc. (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.

Signed: _____

Printed Name and Title: _____

Date: _____

Your Bank: _____

City, State: _____

ABA Number: _____

Account Number: _____ Account Title: _____

**Please return completed form via fax to 217-239-2249 or email to
NewAccount@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 ACH Authorization Agreement.

Name: _____ Email: _____

Name: _____ Email: _____