



New Account Application *(completed application should be emailed to NewAccount@LitaniaSports.com)*

Company Name: _____ Date: _____

Address: _____

Phone #: _____ Web Address: _____

Sales Contact: _____ Order Notification Email: _____

A/P Contact: _____ A/P Email: _____ Phone # _____

Email Address for Invoices (We do not send invoices by mail): _____

Account Class:

☐ Catalog/Online ☐ Contractor Sales ☐ Team Sports Dealer/Retail ☐ Soccer Specialty
☐ Basketball Specialty ☐ Fitness Equip. Specialty ☐ Track and Field Specialty ☐ Volleyball Specialty

Geographic Sales Territory: _____ # of Years Selling Athletic Equipment: _____

Annual Athletic

Equipment Sales: ☐ < \$500K ☐ \$500K - \$1M ☐ \$1M - \$2.5M ☐ \$2.5M - \$5M ☐ > \$5M

Are you prepared to place a stocking order? ☐ Yes ☐ Order Attached ☐ Not at this time

Amount of Credit Requested:

☐ None. I want to pay by credit card only. I understand that my card will be charged at time of shipment.
(If this is your choice, you do not need to provide any other information other than the Sales&Use Tax section)

☐ \$ _____ Credit requests over \$50,000 require submission of most recent financial statements.
(Please complete all information below)

Credit Information

Date Company Established: _____ Resale Tax ID Number/State: _____

FEIN#: _____ Ownership Type: ☐ Incorporated ☐ LLC ☐ Individual ☐ Other

Principal Owner: Name: _____ Phone #: _____

Mailing Address: _____





Banking Information

Bank Account No: _____ Bank Name: _____

Bank 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 Litanía Sports Group, Inc.

Signed: _____ Title: _____

Company Name: _____

Credit References

Trade References – BE SURE TO PROVIDE EMAIL ADDRESSES. (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: _____
Contact Phone: _____ Contact Email: _____
Account Number: _____

2) Company Name: _____ Contact Name: _____
Address: _____
City, State, Zip: _____
Contact Phone: _____ Contact Email: _____
Account Number: _____

3) Company Name: _____ Contact Name: _____
Address: _____
City, State, Zip: _____
Contact Phone: _____ Contact Email: _____
Account Number: _____





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 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 of \$5.00 service charge). Any new orders on accounts with a balance 30 days past due will be place 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 stated 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 by email.

I certify that all 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: _____





**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 referred to as LSG), to initiate credit or debit entries and to initiate, if necessary, any adjustment for any credit or debit entry in error to my (our) account indicated below and the financial institution named below, hereinafter referred to as 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: _____ Date: _____

Printed Name and Title: _____

Your Bank Name: _____

City, State: _____

ABA Number: _____

Account Number: _____ Account Title: _____

Please email completed form the 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: _____ Title: _____

Email: _____





Sales & Use Tax

Litania Sports Group (hereinafter referred to as LSG) is required to collect tax on all sales unless purchaser provides LSG with a valid Sales & Use Tax Exemption certificate. We have attached a Uniform Sales & Use Tax Certificate - Multijurisdictional for your convenience. If you are exempt from sales tax in more than your home state, please provide your exemption numbers for those states as well. (Please note that your sales tax exemption number is not your FEIN #.)

Please be advised that LSG will charge tax on your orders if this exemption certificate is not returned with your application.

Litania Sports Group Tax Certificate Team



UNIFORM SALES & USE TAX EXEMPTION/RESALE CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax, subject to the notes on pages 2—4. The issuer and the recipient have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: Litania Sports Group, Inc.

Address: 601 Mercury Drive, Champaign, IL 61822

1. I certify that:

Name of Firm (Buyer): _____

Address: _____

FEIN#: _____

2. is engaged as a registered

☐ Wholesaler

☐ Retailer

☐ Manufacturer

☐ Seller (California)

☐ Lessor (see notes on pages 2—4)

☐ Other (Specify) _____

and is registered with the below-listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, or ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) selling (California) the following:

3. Description of Business: _____

4. General description of tangible property or taxable services to be purchased from the Seller: _____

5.

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ¹		MO ¹⁶	
AR		NE ¹⁶	
AZ ²		NV	
CA ³		NJ	
CO ⁴		NM ^{4,17}	
CT ⁵		NC ¹⁸	
FL ⁶		ND	
GA ⁷		OH ¹⁹	
HI ^{4,8}		OK ²⁰	
ID		PA ²¹	
IL ^{4,9}		RI ²²	
IA		SC	
KS		SD ²³	
KY ¹⁰		TN	
ME ¹¹		TX ²⁴	
MD ¹²		UT	
MI ¹³		VT	
MN ¹⁴		WA ²⁵	
		WI ²⁶	

I further certify that if any property or service so purchased tax free is used or consumed as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller for added tax billing. This certificate shall be a part of each order that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by thee city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

6. Authorized Signature: _____
(Owner, Partner, or Corporate Officer, or other authorized signer)

Title: _____

Date: _____