

RPG, INC.
3305 CAMELL ST.
RAPID CITY, SD 57701
PHONE: 605-342-0821 FAX: 605-342-7508

CREDIT REFERENCE SHEET

MUST BE COMPLETED IN FULL or PROVIDE OWN (ADDITIONAL INFO MAY BE NEEDED) IN ORDER TO ISSUE CREDIT

DATE: _____ RESALE TAX NUMBER: _____
(attach completed/signed resale certificate)

ACCOUNT NAME: _____

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

CONTACT NAME: _____ A/P CONTACT: _____

OWNERS NAME: _____ PHONE NUMBER: _____

OFF SEASON ADDRESS: _____

THIS IS A (CHECK ONE)

() CORPORATION OFFICERS NAMES: _____ NAME: _____
TITLE: _____ TITLE: _____
FEDERAL ID#: _____

() PARTNERSHIP PARTNERS NAMES: _____ NAME: _____
SSN#: _____ SSN#: _____

() SOLELY OWNED OWNERS NAME: _____ SSN#: _____

THREE (3) TRADE REFERENCES: (please list suppliers who extend credit to buyer.)

NAME: _____ NAME: _____
ADDRESS: _____ Address: _____
CITY/STATE/ZIP CODE: _____ CITY/STATE/ZIP CODE: _____
CONTACT NAME/NUMBER: _____ CONTACT NAME/NUMBER: _____

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP CODE: _____
CONTACT NAME/NUMBER: _____

BANK REFERENCES:

NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY/STATE/ZIP CODE: _____ CITY/STATE/ZIP CODE: _____
CONTACT NAME/ NUMBER: _____ CONTACT NAME/NUMBER: _____

I have received and read the RPG, Inc. company policies. I agree to pay account balances within the agreed terms (Net 30) and will accept finance charges of 1.5% per month on any overdue balance. I hereby authorize Rushmore Photo & Gifts, Inc. to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of an account for other direct business reason.

SIGNATURE: _____ TITLE: _____

NAME (PLEASE PRINT): _____ DATE: _____

South Dakota Streamlined Sales Tax Agreement

Certificate of Exemption

Warning to purchaser:

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that is due tax on this sale. The state that is due tax on this sale may be notified that you claimed exemption from sales tax.

The purchaser will be held liable for any tax and interest, and possible civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption.

1. Check if you are attaching the Multistate Supplemental form.

If not, enter the two-letter abbreviation for the state under whose laws you are claiming exemption.

2. Check if this certificate is for a **Single Purchase Certificate**. Invoice/purchase order # _____.

3. A. Name of purchaser _____

B. Business address _____ City _____ State _____ Zip code _____

C. Purchaser's tax ID number _____ State of Issue _____ County of Issue _____

D. If no tax ID number, enter FEIN _____

E. If no ID number or FEIN, enter Driver's License Number/State Issued ID number _____ state of issue _____

F. Foreign diplomat number _____

G. Name of seller from whom you are purchasing, leasing or renting _____

H. Seller's address _____ Zip code _____

Print or type

4. Purchaser's Type of business. Circle the number that best describes your business.

- | | |
|---|---------------------------------------|
| 01 Accommodation and food services | 11 Transportation and warehousing |
| 02 Agriculture, forestry, fishing, hunting | 12 Utilities |
| 03 Construction | 13 Wholesale trade |
| 04 Finance and insurance | 14 Business services |
| 05 Information, publishing and communications | 15 Professional services |
| 06 Manufacturing | 16 Education and health-care services |
| 07 Mining | 17 Nonprofit organization |
| 08 Real estate | 18 Government |
| 09 Rental and leasing | 19 Not a business |
| 10 Retail trade | 20 Other (explain) _____ |

Circle type of business

5. Reason for exemption. Circle the letter that identifies the reason for the exemption.

- | | |
|--|---|
| A Federal government (Department) _____ | H Agricultural |
| B State or local government (Agency) _____ | I Industrial production/manufacturing <u>Does not apply in SD</u> |
| C Tribal government | J Direct pay permit |
| D Foreign diplomat | K Direct Mail |
| E Charitable organization - SD Permit Required | L Other (Explain) _____ |
| F Religious or private educational organization - SD Permit Required | |
| G Resale | |

Circle reason for exemption

6. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of authorized purchaser _____ Print name here _____ Title _____ Date _____

Sign here

South Dakota Streamlined Sales and Use Tax Agreement
Certificate of Exemption: Multistate Supplemental

Name of Purchaser

State	Reason for exemption	Identification number (if required)
AR	_____	_____
IA	_____	_____
IN	_____	_____
KS	_____	_____
KY	_____	_____
MI	_____	_____
MN	_____	_____
NC	_____	_____
ND	_____	_____
NE	_____	_____
NJ	_____	_____
NV	_____	_____
OH	_____	_____
RI	_____	_____
OK	_____	_____
SD	_____	_____
TN	_____	_____
UT	_____	_____
VT	_____	_____
WA	_____	_____
WI	_____	_____
WV	_____	_____
WY	_____	_____

A seller doing business in a state that is not a member of the Streamlined Agreement must obtain documentation to support exempt transactions as required by that state.