



HiQual Livestock Equipment
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CREDIT APPLICATION AND CREDIT AGREEMENT

Complete Legal Name of Applicant _____

DBA _____ Phone No.: _____ Fax No.: _____

Address _____ City _____ State _____ Zip _____

Structure: ___ Corporation ___ Partnership ___ Cooperative ___ LLC ___ Sole Proprietorship

CREDIT LIMIT REQUESTED: \$ _____

Federal ID _____ E-MAIL ADDRESS _____

Year established _____ and Date Incorporated with State (if applicable) _____

<u>Names of owners, partners or officers</u>	<u>Titles</u>	<u>Social Security Number</u>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

THE MOST RECENT YEAR-END FINANCIAL STATEMENT MUST BE ATTACHED.

Fiscal Year-End Date _____

BANK REFERENCE

Primary Lender _____ Acct No.: _____
 Address _____ Phone # _____
 Contact Person _____ Fax # _____

CURRENT TRADE REFERENCES

Supplier: _____ Address _____
 Phone # _____ Acct # _____
 Fax # _____ Contact Person _____

Supplier _____ Address _____
 Phone # _____ Acct # _____
 Fax # _____ Contact Person _____

Supplier _____ Address _____
 Phone # _____ Acct # _____
 Fax # _____ Contact Person _____

➤ **Authorized Signature X** _____ **Date X** _____

My resale sales tax permit number is _____. All merchandise purchases will be for resale unless we notify you otherwise in advance of purchase. I hereby grant permission for Sioux Steel Co. & Koyker Manufacturing Co. to contact the references given above and pull any credit reports on owners, partners or officers of the company. If and when credit has been established, I hereby agree to make the payment to Sioux Steel Co & Koyker Manufacturing Co., for the full amount due according to the terms set forth on each invoice. Balances 1- 30 days past due are subject to 1.5% finance charge per month (18% annually) or maximum allowed by state law.

CREDIT APPLICATION MUST BE COMPLETED & SIGNED IN ORDER TO BE PROCESSED.

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. **Print or type**

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 _____ City _____ State _____ Zip code _____

4. **Check type of business** Purchaser's Type of business. Check the number that best describes your business.

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

5. **Check reason for exemption** Reason for exemption. Check the letter that identifies the reason for the exemption.

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

6. **Sign here** 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 _____

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	_____	_____
OK	_____	_____
SD	_____	_____
TN*	_____	_____
UT	_____	_____
WV	_____	_____
WY	_____	_____

* SSUTA Direct Mail and MPU provisions are not in effect for Arkansas and Tennessee

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.