



CARPETSTONES OF NORTH AMERICA, INC.  
 100 West Livingston Street  
 Orlando, Florida 32801  
**FAX TO: 407-843-5753**

# CREDIT APPLICATION

## BUSINESS INFORMATION

## BUSINESS DESCRIPTION

NAME OF BUSINESS		IN BUSINESS SINCE	NATURE OF BUSINESS	CREDIT REQUESTED
LEGAL NAME (IF DIFFERENT)		FEI NUMBER		
ADDRESS		BUSINESS ORGANIZATION:		
CITY		<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> OTHER (EXPLAIN)		
STATE	ZIP	PHONE	PARENT COMPANY _____	
E MAIL ADDRESS		FAX NUMBER	SALES/USE TAX NUMBER	IF TAX EXEMPT, PLEASE PROVIDE SALES/USE CERTIFICATE
		IN BUSINESS FOR _____		

## OFFICERS/PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS

NAME	TITLE	ADDRESS	TELEPHONE INCLUDE AREA CODE

## BANK REFERENCES

NAME OF BANK	NAME TO CONTACT
ADDRESS	TELEPHONE NUMBER
CHECKING ACCOUNT NO.	FAX NUMBER

## TRADE REFERENCES

FIRM NAME	CONTACT NAME	TELEPHONE WITH AREA CODE	ACCOUNT NUMBER

### CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by the Company in determining the amount and conditions of credit to be extended. I understand that the Company may also contact other sources of credit information which it considers necessary in making this determination. I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist the Company in establishing a line of credit.

**Personal Guaranty:** On behalf of the Company and personally, by signing this credit application, jointly and severally, unconditionally and irrevocably, guarantee the continuing payment to us. Guarantor understands further that we may proceed directly against Guarantor with all remedies to collect past due money due us and Guarantor will be responsible for all costs related to the collection process.

\_\_\_\_\_  
*Signature (Must be Officer/Principal)*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

**POLICY STATEMENT:** INITIAL ORDERS FROM NEW ACCOUNTS WILL NOT BE PROCESSED UNLESS ACCOMPANIED BY THE ABOVE REQUESTED INFORMATION. SHOULD IT BE NECESSARY TO ASSIGN THE ACCOUNT TO A LICENSED COLLECTION AGENCY OR ATTORNEY FOR COLLECTION, ALL COLLECTION CHARGES SHALL BE PAID BY THE APPLICANT.

TERMS: NET 30 DAYS FROM DATE OF INVOICE UNLESS OTHERWISE STATED.