

Floor Covering Services & Consultants, Inc.
 12 McCullough Drive, Suite 10 New Castle, DE 19720 Phone: 1-877-356-6748 Fax: 1-302-325-2592
 Website: 1877floorguy.com / kahrsstore.com / hilway.com also DBA SchutzPro NE

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BILLING & SHIPPING INFORMATION

Billing Contact & Title:		Company Name:	
Billing Address:	City:	State:	Zip:
Billing Phone:	Fax:	E-mail:	
Shipping Contact & Title		Company Name:	
Shipping Address:	City	State:	Zip:
Shipping Phone:	Fax:	E-mail:	
Tax Exempt: Yes / No	Tax Certificate#:	Receiving Hours:	Other:

BUSINESS AND CREDIT INFORMATION

Type of Business:	DBA:	Years in Business:	
Corp. type:	Fed Tax ID #:	State of Inc.:	Year of Inc.:
Telephone:	Fax:	E-mail:	
Bank name:	Bank Contact:		
Bank address:	Phone:	Fax:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Business Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:	Billing Contact:		
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Company name:	Billing Contact:		
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Company name:	Billing contact		
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	

AGREEMENT

1. All invoices are to be paid 15 days from the date of the invoice.
 2. Claims arising from invoices must be made within seven working days.
 3. By submitting this application, you authorize Floor Covering Services & Consultants, Inc. to make inquiries into the banking and business/trade references that you have supplied.
 4. All orders are to be submitted with a signed Purchase Order.

I certify that I'm authorized to sign and that all the information on this form is correct; and that we will fully comply with your credit terms and agree to the proper payment in consideration of extended credit.

SIGNATURES

Signature: _____	Signature: _____
Print Name:	Print Name:
Title:	Title:
Date:	Date:

Please provide a credit card to secure your initial order (if for any reason you are unable to pay your invoices within 45 days from the date of invoice we reserve the right to charge the credit card listed below to bring the account current):

Type: _____ Card Number: _____

CVN: _____ Exp Date: _____ Signature/Title: _____

Is the credit card billing address the same as the business billing address? ___yes ___ no
If no, please provide credit card billing address below:

Personal Guarantee Agreement

In consideration of extending credit by Floor Covering Service & Consultants, Inc., trading as 1877Floorguy.com/Kahrsstore.com/SchutzPro NE and the information attached to this application, our credit terms are **Net 15 days from the date of our invoice** and late payments are subject to a finance charge of 1.5% per month and are made part of this agreement.

Each of the undersigned hereby agrees to unconditionally personally guarantee payment of all amounts due under, and the performance under the terms of the Agreement, and further agrees to pay the total balance due on the Account opened pursuant to the Agreement upon demand, without regarding 1877floorguy.com/Kahrsstore.com/SchutzPro NE to proceed first to enforce payment against the business entity also liable on the Account, in the event of any default under the Agreement which governs the Account. The undersigned hereby waives any notices regarding the Agreement and agrees that this personal guaranty shall be applicable for as long as the Agreement and Account shall be operative.

Agreed to:

First Name Middle Initial Last Name

Home Address City/State Zip

Home Phone Number Social Security Number

Personal Guarantor's Signature Date