

| For Arko Use Only: |  |  |  |
|--------------------|--|--|--|
| Customer I.D. :    |  |  |  |
| Credit Limit: \$   |  |  |  |
| Date/Sign:         |  |  |  |

## Application for Credit Arko Flooring, LLC

615 Graham Street, Harrisburg, PA 17110 • EMAIL info@arkoflooring.com

## Detail & Complete Information are necessary to establish proper credit amount. For the purpose of obtaining merchandize from you on credit, the following statements are made intending that you rely on same as correct. Company Name: Phone #: Fax #: Cell Phone #: Trade Name if different from Company Name: Office Address: Email: City: State: Zip Code: Mailing Address: City: State: Zip Code: Former Address (If Applicable): City: State: Zip Code: Name of Parent Company, if subsidiary: Name of Affiliated Company (If Applicable): Phone #: TLLC Corporation Partnership Individual LLP Limited Partnership Operating as a: Type of Business (Builder, Restorations, etc.) Bankruptcy Filed?: Federal E. I. N. (If Applicable): Chapter ?: Date: State: Yes No Contractor's License # (if applicable): State/County: License in whose name?: Members/Officers/Partners/Owner Title Home Address (No P.O. Boxes) Telephone Bank Name: Bank Branch: Phone #: Checking Account #: Additional Checking Account #: Additional Account #: Business Start Date (mm/dd/yy): In Present Location Since (mm/dd/yy) **Business Location is:** Owned Leased If Leased, from whom? Address/City/State/Zip: Phone #: Name of Prior Business (If Applicable): City/State of Prior Business: Real Estate Owned: Value (\$): Mortgage Lender/Address/City/State/Zip (If Applicable):

Will you make available current periodic statements, if necessary, for credit purposes?

Contact:

We expect our monthly credit requirements from Arko Flooring, LLC to be about \$\_

Accountant's Name:

Address:

∏Yes

City/State/Zip:

No

Phone #:

## **Credit Application** (Continued)

CREDIT REFERENCES: Please list at least three of your current suppliers (Please do not list credit card companies, banks, and affiliated companies as references).

| Name  | Account Number                                       | Phone Number     | Fax Number     |  |
|---|--|------------------|----------------|--|
| 1   |  | ( )              | ( )            |  |
| 2   |  | ( )              | ( )            |  |
| 3   |  |                  |                |  |
| I   |  |                  |                |  |
| The undersigned (Buyer) certifies that the information contained in this application is true and correct to the best of his/her knowledge, and this application is submitted in order to obtain a line of credit. The undersigned on behalf of all others involved in securing this line of credit agrees that in case of a Corporation, LLC or Partnership, the credit background of all officers, members and partners may be checked and approval of this application is subject to the results of such credit checks. Arko Flooring, LLC (Arko) is authorized to complete any credit investigation necessary of the principals of this firm for processing of the application for credit. Approval of credit is subject to the discretion of Arko. Arko may terminate your credit without notice. Buyer agrees to immediately inform Arko of any change to its constitution, officers or ownership, or any adverse change to its financial condition affecting its ability to pay amounts due on account.  The undersigned (Buyer) further agrees to pay for all goods and services purchased in compliance with the terms of Arko Flooring, LLC (Seller): (1) Buyer promises to pay Seller reasonable attorney fees and costs should any action be initiated to collect payment; (2) Buyer agrees all sales transactions with Seller and resultant actions shall be governed by, and interpreted in accordance with the laws of the Commonwealth of Pennsylvania without regard to the conflict or choice of law provisions therein; consents to jurisdiction in Dauphin County, Pennsylvania, and agrees that the Court of Common Pleas of Pennsylvania – County of Dauphin has venue; and (3) Buyer understands, and agrees that text messages or any other electronic medium may be used when servicing their account, including the collection of debts. |  |                  |                |  |
| Full Company Name (Please Print):   |  |                  |                |  |
| Company Officer/Manager/Partner/Principle/Owner/Authorized Person Name (Please Print):  Company Officer Title (President, Secretary, Manager/Member, Par Authorized Person, as applicable):   |  |                  |                |  |
| Person's Signature:   |  | Date (mm/dd/yy): |                |  |
| Personal Customics  |  |                  |                |  |
| Personal Guarantee (Personal Guarantee signature cannot be typed or digitally signed)   |  |                  |                |  |
| For and in consideration of selling any goods or materials to the above applicant on open account or otherwise, I / we,   |  |                  |                |  |
|   |  |                  |                |  |
| Guarantor Please legibly print or type name(s) above Spouse Guarantor personally and unconditionally guarantee payment of any and all indebtedness heretofore and hereafter incurred together with interest thereon, attorney fees and costs.   |  |                  |                |  |
| Dated thisday of  | day of   |                  |                |  |
|   |  | 0                | daramor (sign) |  |
| Llaura Address  | Spouse Guarantor (Sign)                              |                  |                |  |
| Home Address Spouse Guarantor (Sign)  |  |                  |                |  |
| Authorization to Release Financial Information  |  |                  |                |  |
| Please provide bank and financial information to Arko Flooring, LLC. This information is requested for Arko Flooring's use in the extension of Credit for business purposes only and will be held in strict confidence. You grant us permission to obtain credit information from third-party sources.  |  |                  |                |  |
| Name of Bank or Financial Institution   | Bank or Financial InstitutionChecking Account number |                  |                |  |
| Address   | Loan Number  |                  |                |  |
|   |  | Loan Nu          | mber           |  |

CEO

Date

Sales/Representative

Date