

CREDIT APPLICATION

BUSINESS INFORMATION		DESCRIPTION OF BUSINESS	
Company Name		Business Structure (please check one)	
Trade Name		Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>
Address		Type of Business (please check one)	
City	State	Zip	
Phone Number		Building Owned <input type="checkbox"/>	Leased <input type="checkbox"/> Sq Ft <input type="checkbox"/>
E-mail		Years in Business	# of Employees
		Annual Sales	Previous Company Name

PRINCIPALS RESPONSIBLE FOR PAYMENT

Principal #1	Principal #2
Name	Name
Home Address	Home Address
Phone	Phone
SS#	SS #

BANK REFERENCE

Bank Name	Phone
Contact	Account #

TRADE REFERENCES

Contact	Phone
Contact	Phone
Contact	Phone

I certify that the information in this credit application is true and correct. The information included is for use by CLASSIC TILE Inc. in determining the amount and conditions of credit to be extended. I authorize the bank and trade references listed in this credit application to release any information necessary to assist CLASSIC TILE Inc. in processing this application. I understand that in the event my account is referred to a collection agency or attorney for non payment of my account balance I will be responsible for all costs associated with such an action which may include attorney fees, court costs, interest on the unpaid balance, collection agency fees and any other such costs incurred by CLASSIC TILE Inc. I further agree, if elected by CLASSIC TILE to submit any disputes which may arise to arbitration. By my signature below I personally guarantee payment of the account or applicant.

Print Name

Signature

Date

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