



**Los Angeles-Seattle-Dallas-Kansas City-Orlando**  
(805) 520-4903 (866) 522-4500 FAX (805) 955-0033

**ACCOUNT APPLICATION AND AGREEMENT**

By signing this account application agreement (“Application”), the individual executing this Application represents and warrants that he/she is authorized to execute this Application on behalf of the corporate or business entity through which he/she is acting, and that the information provided is true and accurate. The parties hereto agree that in the event of a dispute or litigation between the parties, the prevailing party will be entitled to recover its costs and reasonable attorney fees, as well as any other costs of collection. The parties hereto agree that in the event of litigation between the parties, the litigation must be filed in the jurisdiction of the County of Ventura, State of California, and the parties agree to submit to the jurisdiction of said venue and that the laws of the State of California will apply.

It is further agreed that interest will be charged on any unpaid purchases, beginning 30 days after the payment due date, at the rate of 1.5% per month; 18% per annum, or the maximum judicial rate, whichever is less.

It is further agreed that any check which is returned to unpaid or marked NSF, will be subject to a \$35 charge.

Company Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**PERSONAL GUARANTY:** The individual signing this Application herein below personally guarantees and agrees to be personally liable for the payment or performance of the corporate or business entity signing herein. This personal guarantee applies in the event the corporation or business entity declares Bankruptcy or applies for Bankruptcy protection.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



CUSTOMER INFORMATION SHEET

COMPANY

ADDRESS

BILLING ADDRESS (IF DIFFERENT)

PHONE

FAX

BUSINESS ENTITY: \_\_\_ CORPORATION \_\_\_ SOLE PROPRIETOR \_\_\_ PARTNERSHIP

LIST NAME(S) OF CORPORATE OFFICER(S), PARTNER(S), OR OWNER

POSITION

NAME

1.

2.

APPLICATION FOR CREDIT

YEARS IN BUSINESS \_\_\_\_\_ YEARS AT PRESENT LOCATION \_\_\_\_\_

AVERAGE MONTHLY SALES \$ \_\_\_\_\_

ANTICIPATED MONTHLY PURCHASES FROM NATURALLY AGED FLOORING \$ \_\_\_\_\_

CREDIT LIMIT REQUESTING \$ \_\_\_\_\_

BANK REFERENCES

BANK NAME

BRANCH

CITY

STATE

PHONE

ACCOUNT #

1.

2.

PRESENT OR PREVIOUS SUPPLIERS

NAME

ADDRESS/CITY/STATE/ZIP

PHONE

FAX

1.

2.

ARE YOUR ORDERS: \_\_\_ ALL TAXABLE \_\_\_ ALL EXEMPT \_\_\_ BOTH

RESALE NUMBER: \_\_\_\_\_ (VALID CERTIFICATE MUST BE SIGNED AND ON FILE)