



New England Flooring Supply

New Account & Application for Credit Form

50 Leonardo Avenue North Haven, CT 06473

18 Railroad Avenue Albany, NY 12205

PH: (203)239-2220 | F: (203)234-6538

PH: (518)689-0338 | F: (518)689-0341

Our policy requires that the information below be completed in its entirety in order to establish an account with our company.

NEFS Sales Rep: _____

Date: _____

Trade References

Legal Business Name: _____

Mailing Address: _____

Delivery Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (_____) _____ - _____ Fax #: (_____) _____ - _____

Email: _____ Federal ID #: _____

Circle One Please: Corporation Proprietorship Partnership

Company Start Date: _____

Reference #1

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (_____) _____ - _____ Fax #: (_____) _____ - _____

Reference #2

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (_____) _____ - _____ Fax #: (_____) _____ - _____

Reference #3

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (_____) _____ - _____ Fax #: (_____) _____ - _____

Current Financial Statement Attached: YES or NO

Banking Information

Bank Name: _____ Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (_____) _____ - _____ Account #: _____

THIS SECTION MUST BE COMPLETED IN FULL TO BE ELIGIBLE FOR THE EXTENTION OF CREDIT

Do you have a credit card you are willing to use if your account is past due? YES or NO

Name of Owner: _____ SSN: _____ - _____ - _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

All charges are due and payable in full at P. O. Box 425, North Haven, CT 06473. If credit is granted, the undersigned agree to be responsible for payment of the account. The undersigned do further agree to pay all reasonable costs of collection and reasonable attorney's fees, if the account is placed in the hands of an attorney for collection. The undersigned agree to pay any and all finance charges added each month on past due invoices. It is further understood that when payment is not made in accordance with the terms of each invoice, shipment of future orders will be withheld. Credit reports will be obtained in connection with this application. To secure the payment of Applicant's obligations to New England Flooring Supply Co. Applicant hereby grants and conveys to New England Flooring Supply Co. a security interest in any of the following property which Applicant may own, plus (a) all property of the same classes which may be acquired by Borrower subsequent to the execution of this note; (b) all proceeds thereof, if any; and (c) all increases, substitutions, replacements, additions, and accessions thereto. The property subject to this provision is all inventory, equipment, machinery, furniture, fixtures, accounts, accounts receivable, contracts, and contract rights. New England Flooring Supply Company is authorized to file a UCC Financing Statement to confirm this security interest. By entering into this agreement to provide credit to the applicant, the owner agrees to personally guarantee the performance of and payment of all obligations incurred by the firm under this application. I waive notice of the acceptance of this guarantee, notices of shipment, notices of default or any other notices which may be given to the firm. I also waive all suretyship defenses, notices of extension, modification or revision. Finally I expressly agree to pay all costs of collection and reasonable attorney's fees, if the account is placed in the hands of an attorney for collection.

Print Name: _____

Signature: _____

Date: _____

All information given will be held in the strictest confidence and used only for authorized purposes.

*** Fax completed credit application and order to (203)234-6538 ***

Tax Exempt Information

Tax Exempt Number: _____

Dear Valued Customer:

Please complete Section A & C if your purchases should be exempt from sales tax. Provide all state registration numbers as necessary. Do not send copies of your Registration Certificates or State Permits, as they are not valid for sales exemption. If you should be charged tax, complete section B and C only.

Section A: Blanket Resale & Exemption Certificate

This is to certify that all material, merchandise, or goods purchased by the undersigned is purchased for the following purposes, please check one:

_____ Resale as tangible personal property.

_____ Materials for further processing, manufacture, or conversion
_____ into article of tangible personal property.

_____ To be exported for sale, use f consumption outside the continental limits of the
_____ United States organization as exempt by law, and supported by official purchase orders.

_____ Direct Pay Permit as authorized and issued by the state.

_____ Other - Please explain: _____

Section B: Taxable at Source

_____ I prefer to be taxed at the source. Please charge sales tax on all purposes.

Section C: Business Type

Kind of business engaged in by purchaser:

Purchaser Name: _____

State Tax ID Number OR Sales Permit Numbers: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____