



## New Account Form

### Company Information

Company Name:		Telephone:
Street Address:		Fax:
City, State, Zip Code:	E-mail:	
DBA:	Sales Permit No.:	
Contact Person:		
Name of Freight Line (if you have a preference):		

### Freight Charges *(Please select one):*

- ☐ Collect                      ☐ Prepaid & Add                      ☐ 3<sup>rd</sup> Party *(must have account with freight line)*

### Terms *(Please select one):*

- ☐ Prepaid                      ☐ Net 30 days *(requires approval and credit application)*

### Customer Type *(Please select one):*

- ☐ Retailer                      ☐ Corporate                      ☐ Purchasing Group  
☐ Design                      ☐ Management Co.                      ☐ FF&E

### Business Type *(Please select one):*

- ☐ Commercial                      ☐ Residential                      ☐ Hospitality                      ☐ Rental

*Note: Please include a complete price list for this customer.*

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Salesman Signature

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Date



**SLCC Flooring**

## Credit Application Form

Customer ID: \_\_\_\_\_

Sales Rep: \_\_\_\_\_

### Company Information

Legal Business Name:	Entity Number:
Street Address:	Telephone:
City, State, Zip Code:	Fax:
DBA:	<i>Please select one:</i> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
Date Established:	
Parent Company:	<i>Please select one:</i> <input type="checkbox"/> Subsidiary <input type="checkbox"/> Division
Parent Company Contact:	

### President/CEO/Administrator Information

Name:	Title:	Name:	Title:
Name:	Title:	Name:	Title:

### Accounts Payable Information

Contact:	Telephone:
E-mail Address:	

### Bank Information

Bank Name:	Checking Account No.:
Address:	Telephone:
Person to Contact:	Fax:

**Have you, or a business controlled by you, ever declared bankruptcy?**

☐ Yes

☐ No

**Initial:** \_\_\_\_\_

**Credit References** (*List only companies you have recently purchased from*):

Name:	Telephone:	Verified <input type="checkbox"/>
Address:	Fax:	Date:
Contact:		
Avg. Transaction Amount:	Payment Terms:	Date of Last Transaction:
Name:	Telephone:	Verified <input type="checkbox"/>
Address:	Fax:	Date:
Contact:		
Avg. Transaction Amount:	Payment Terms:	Date of Last Transaction:
Name:	Telephone:	Verified <input type="checkbox"/>
Address:	Fax:	Date:
Contact:		
Avg. Transaction Amount:	Payment Terms:	Date of Last Transaction:

**Desired Credit Line/Terms**

Credit Line Amount:	Terms:
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The applicant authorizes SLCC Flooring to contact their bank and credit references to establish the creditworthiness of the applicant. It is the applicant's responsibility to contact their bank and credit references and authorize the release of credit information by telephone.

The applicant agrees to pay the total shown on SLCC Flooring's invoices upon receipt. If any payment is not made timely by the applicant, any other unpaid balances with SLCC Flooring may, at its option, be declared and become fully due and payable immediately. Unpaid balances will be deemed delinquent 30 days after date of invoice and may be subject to interest at 10%, or the maximum rate allowed by law, whichever is lower.

By signing this application, the applicant agrees that the provided information is accurate and truthful. Full disclosure and complete information are required, or processing will be delayed and/or credit may be denied.

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Authorized Company Representative Name (*Please print*)

Title

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Authorized Company Signature

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Date

**For Internal Use Only:**

Credit approved by: \_\_\_\_\_

Credit Line: \_\_\_\_\_ Terms: \_\_\_\_\_ Date: \_\_\_\_\_