

306 West Main Street, Suite 512, Frankfort, KY 40601 1-418-479-2950

 $Please \ send \ this \ form \ by \ email \ or \ fax: \ commandes@finium.ca \quad Fax: 1-418-479-2952$

| Credit application | | | Account update | | | |
|---|---------------|--|--------------------|-------------|--------|--|
| Company name | | | | | | Subsidiary Head office |
| | | | | | Num | nber of years trading in current style |
| No. and street | | | | | | РО ВОХ |
| Town | | State | | Country | | Zip code |
| Phone | Phone (other) | | | | Fax | |
| I.R.S. number | | | | Web | site | |
| President | | Purcha | Purchasing manager | | | |
| Account payable manager | | Email Accounts payable | | | | |
| Credit amount monthly requested only | | | Estimated month | ly purchase | at Fin | niun U.S. |
| If Subsidiary please complete | | | | | | |
| Company name Head office | | | | | | |
| No. and street | | | | | | BOX |
| Town | | State | | Country | | Zip code |
| Phone | Phone (other) | | | | Fax | |
| Trade references for credit, we need a MINIMUM of 6 trade suppliers. | | | | | | |
| Please note that these references do not respond to credit reference request: Shaw Industries, Mohawk, Torlys, | | | | | | |
| Company name | Shnier, Centu | ıra, Ta | arkett, Beau | lieu Can | ada | a, Melmart, Stevens Omni and Lee Industries. |
| | | | | Phon | e: | |
| Town & Country | | | | Fax: | | |
| 2) Company name | | | | Phon | e: | |
| Town & Country | | | | Fax : | | |
| 3) Company name | | | | Phon | e: | |
| Town & Country | | | | Fax: | | |
| 4) Company name | | | | Phon | e : | |
| Town & Country | | | | Fax: | | |
| 5) Company name | | | | Phon | e : | |
| Town & Country | | | | Fax : | | |
| 6) Company name | | | | Phon | e : | |
| Town & Country | | | | Fax : | | |
| | | | | | | |
| Please be aware that by signing this form, you are authorizing us to send information about our products by e-mail. | | | | | | |
| IF APPLICABLE ONLY : PLEASE SEND YOUR TAX RESALE CERTIFICATE WITH YOUR CREDIT APPLICATION COMPLETED. | | | | | | |
| | | | | | | |
| Signature Name | e and title | | | | Date | |
| P | by whi | which means you would like to receive your invoices. | | | | |
| by fax: or by email: | | | | | | |
| | | | Your agent: _ | | | |