



972-214-5511

406 Regal Row, Dallas TX 75247

ACCOUNT APPLICATION

Email Completed form to your salesperson

Date: _____

Legal Business Name: _____ DBA: _____

Billing Address: _____ Street Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Accounts Payable Contact: _____ Email: _____

Phone: _____ Ext: _____ INVOICES WILL BE EMAILED TO: _____

Federal Tax ID# _____ Corp. () State of Inc. _____ Proprietorship () Year: _____

Partnership () LLC ()

Copies of Your Resale Tax Exemption Certificates are required for Each State that you will be shipping into.

Resale Tax Exemption # _____ State _____ Resale Tax Exemption# _____ State _____

Principal/Owner: _____ Position/Title: _____

Cell#: _____ Email: _____

Trade Suppliers: _____ Bank Name & Address: _____

1) _____

Phone#: _____

2) _____

Phone#: _____

3) _____

Phone#: _____ Phone#: _____

In consideration of the seller extending credit hereunder, the individuals or entities executing the application jointly and severally, personally and unconditionally guarantee and promise to pay the seller on demand, all the indebtedness of the above-named seller. This is a continuing guarantee and guarantor/signatory agrees to give advanced notice to Southwest Flooring Distributors, of any changes in the ownership or business situation by certified mail with return receipt. If Southwest Flooring Distributors place any past due obligations with an attorney or collection agency for collections, the guarantor/signatory shall reimburse Southwest Flooring Distributors for its reasonable attorneys' fees and any other expenses associated with collection.

PRINCIPAL'S SIGNATURE _____ DATE: _____

PRINCIPAL'S NAME & TITLE (PLEASE PRINT) _____