



TRI-STATE WHOLESALE FLOORING, INC.

3900 W. 34th St. N. • PO Box 1841  
Sioux Falls, SD 57101-1841

Main. (605)336-3080  
Toll-Free. (800)353-3080  
Fax. (605)336-3043

www.tsf.com

Credit Application

Business Name \_\_\_\_\_ Requested Line of Credit \$ \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ For Past \_\_\_\_\_ years

City, State, Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

D/B/A \_\_\_\_\_

Contact Person and Email Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Established \_\_\_\_\_ How long in Business \_\_\_\_\_

Mortgage holder/Landlord \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ State Sales Tax # (exemption #) \_\_\_\_\_

OWNERSHIP:  Sole Proprietorship  Partnership  Corporation

PRINCIPAL: \_\_\_\_\_  
(Name) (Title) (SS#)

PRINCIPAL: \_\_\_\_\_  
(Name) (Title) (SS#)

PRINCIPAL: \_\_\_\_\_  
(Name) (Title) (SS#)

TRADE REFERENCES:

Name Fax # or email address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BANK REFERENCE:

\_\_\_\_\_  
(Name) (Fax #) (Acct #) (contact)

## Credit Application

Has the firm or any of its principals ever been Bankrupt? Yes No

If Yes, explain \_\_\_\_\_

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (terms are notated on each invoice) and agrees to pay a service charge per month of 1 ½ % per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

\_\_\_\_\_  
(Name of Business)

\_\_\_\_\_  
(Print Name) \_\_\_\_\_  
(Title) \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name) \_\_\_\_\_  
(Title) \_\_\_\_\_  
(Signature)

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## Personal Guarantee

In consideration of Tri-State Wholesale Flooring, Inc. extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to Tri-State Wholesale Flooring, Inc. by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between Tri-State Wholesale Flooring, Inc. and the business. Tri-State Wholesale Flooring, Inc. shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by Tri-State Wholesale Flooring, Inc.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by Tri-State Wholesale Flooring, Inc. Said notice shall specify the date on which this guaranty is to be terminated, said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date \_\_\_\_\_ Name: \_\_\_\_\_  
(Name of person guaranteeing payment, NO TITLE)

HomeAddress \_\_\_\_\_

Home Phone# \_\_\_\_\_ SS# \_\_\_\_\_

Signature of person guaranteeing payment \_\_\_\_\_

Name of Business whose account is guaranteed \_\_\_\_\_

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### CREDIT DEPARTMENT USE ONLY

Line of Credit: Approved / Denied Amount\$ \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

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# Correspondence Information

Please fill in the way that you prefer to receive the following correspondence from Tri-State Wholesale Flooring. You can choose from either email or Fax versions of each. Please type or print clearly.

## Order Acknowledgements

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

Email: \_\_\_\_\_ or Fax: \_\_\_\_\_

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

Email: \_\_\_\_\_ or Fax: \_\_\_\_\_

## Invoices

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

Email: \_\_\_\_\_ or Fax: \_\_\_\_\_

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

Email: \_\_\_\_\_ or Fax: \_\_\_\_\_

## Statements

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

Email: \_\_\_\_\_ or Fax: \_\_\_\_\_

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

Email: \_\_\_\_\_ or Fax: \_\_\_\_\_

## Newsletter and Price Sheets

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

Email: \_\_\_\_\_

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

Email: \_\_\_\_\_

Store Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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