



3900 W. 34th St. N. • Sioux Falls, SD 57107

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

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)

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 _____

CREDIT DEPARTMENT USE ONLY

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

Comments: _____

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: _____