

SALES INFORMATION

Salesperson		Store Location		Date
BILL TO:				
Account Name		Years in Business		
Address		Phone	Are purchase orders required? <input type="checkbox"/> YES <input type="checkbox"/> NO	
City /State/Zip		Fax #	Tax Exempt # Please attach certificate	

PRINCIPALS

Name	Title	S.S. Number	Phone	Fax
Name	Title	S.S. Number	Phone	Fax

BANK REFERENCES

1. Name	Address	Phone	Account #
		Fax	
2.			

SUPPLIER REFERENCES

1. Name	Address	Phone	Account #
		Fax	
2.			
3.			
4.			

FOR OFFICE USE ONLY

BANK 1					BANK 2				
Creditor	Date Opened	Last Sale Date	High Credit	Owing	Past Due	Terms	Remarks	Date	Contact Name
1									
2									
3									
4									

Credit Limit	Terms	Corp Approval	Date	D&B
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AGREEMENT/AUTHORIZATION TO RELEASE CREDIT INFORMATION

Buyer authorizes all persons, institutions, organizations, companies and credit report agencies to furnish any and all pertinent information, including commercial and consumer credit reports, requested by Carpets Plus of Wisconsin. The undersigned and the buyer, if different, each warrant that the information given in the Credit Application and Agreement is true and no unfavorable information has been omitted. The extension of credit hereunder, the amount of credit and the cancellations or reduction of credit shall be within the sole discretion of Carpets Plus of Wisconsin.

AUTHORIZED SIGNATURE TITLE