

CLASSIC TILE INC.

CORPORATE HEADQUARTERS: 311 West Main St. Rockaway, NJ 07866

TEL: (908) 289-8400

FAX: (973) 784-4018

WEBSITE: www.classictile.com

E-MAIL: sales@classictile.com

CREDIT APPLICATION

Complete, Attach, and Email to:
leah@classictile.com or jes@classictile.com

BUSINESS INFORMATION

DESCRIPTION OF BUSINESS

| | |
|--------------|---|
| COMPANY NAME | BUSINESS STRUCTURE (Please check one) |
| TRADE NAME | CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> |
| ADDRESS | Type of Business (Please select one) None |
| CITY | Building Owned <input type="checkbox"/> Leased <input type="checkbox"/> Sq. Footage |
| STATE ZIP | Years in Business Number of Employees |
| TEL. # FAX # | Yearly Sales Previous Company Name (if any) |
| E MAIL | |

COMPANY PRINCIPALS RESPONSIBLE FOR PAYMENT

| PRINCIPAL #1 | | PRINCIPAL #2 | |
|--------------|-----|--------------|-----|
| NAME | | NAME | |
| HOME ADDRESS | | HOME ADDRESS | |
| TEL # | SS# | TEL # | SS# |

BANK REFERENCE

| | |
|-----------|---------------------|
| BANK NAME | ACCOUNT # |
| ADDRESS | TELEPHONE # CONTACT |

TRADE REFERENCES (WHOLESALE DISTRIBUTORS ONLY, NO CARPET MANUFACTURERS PLEASE)

| NAME | ADDRESS | PHONE # |
|------|---------|---------|
| NAME | ADDRESS | PHONE # |
| NAME | ADDRESS | PHONE # |
| NAME | ADDRESS | PHONE # |

TO CONSIDER YOUR APPLICATION PLEASE READ AND SIGN WHERE NOTED BELOW

I hereby certify that the information in this credit application is true and correct. The information included in this credit application is for use by CLASSIC TILE Inc. in determining the amount and conditions of credit to be extended. I hereby authorize the bank and trade references listed in this credit application to release any information necessary to assist CLASSIC TILE Inc. in processing this credit application. I understand that in the event my account is referred to a collection agency or attorney for non payment of my account balance I will be Responsible for all costs associated with such action which may include attorney fees, court costs, interest on the unpaid balance, collection agency fees and any other such costs Incurred by CLASSIC TILE Inc. . I further agree, if elected by CLASSIC TILE Inc. to submit any disputes which may arise to arbitration. By my signature below I personally guarantee Payment of the account or applicant.

X

SIGNATURE

TITLE

DATE

X

SIGNATURE

TITLE

DATE

By typing my name in the above signature box, I hereby authorize that to serve as my signature for any and all credit checks and purposes. Please initial here.