TEK STIL CONCEPTS

High Technology Specialty Flooring

Credit Application (page 1 of 2)   <u>**Authorization To Release Information**</u>   **Both Sides Must Be Completed**

<u>TYPE OF ACCOUNT APPLYING FOR</u>   _____(Net-30)   ___(COD Company Check)   **Credit requested $_____**

Legal Company Name:_____   Other Trade Name(S) d.b.a.__ _____

Address:_____ City:_____ State:_____ Zip Code:_____

Controller Name: _____ Phone: _____ Fax: _____ e-mail _____

Federal ID# _____ State Reseller or Tax Exempt #_____ D&B#_____

Attach Reseller Certificate for the State of_____ _____ (Not applicable) _____

<u>ENTERPRISE TYPE:</u>

Corporation in the State of: _____   Partnership:_____   Sole Proprietorship: _____   Annual Sales: $_____

Operated from Commercial Building: (__) Home: (__) Owned (___) (Leased (__) How long at this address : _____/ ___/Year___

<u>IMPORTANT:</u>   **Attach Recent Financial Statements (audited preferred)**

<u>BANKS:</u>

Primary Bank_____ Address:_____ City:_____ State: _____ Zip:_____

Account#_____ Account Officer:_____ Phone _____ Fax _____

Loan Account: _____ Address:_____ City:_____ State: _____ Zip:_____

Account#_____ Account Officer:_____ Phone _____ Fax _____

<u>TRADE INFORMATION:</u>

Company:_____ Address:_____ City:_____ State: _____ Zip:_____

Account#_____ Account Officer: _____ Phone _____ Fax _____

Company:_____ Address:_____ City:_____ State: _____ Zip:_____

Account#_____ Account Officer: _____ Phone _____ Fax _____

Please attach additional trade information if applicable

<u>THE UNDERSIGNED AUTHORIZES RELEASE OF CREDIT INFORMATION TO TEK STIL CONCEPTS INC.</u>

Signature:_____ **Title: _____** **Dated _____/____/201____** **City: _____**

03/07

Tek Stil Concepts, Inc. P.O. Box 67, Haddonfield NJ 08033-0833 Phone (856) 428-4464 (800) 603-0848 Fax (856) 429-6532
J_bahlo@verizon.net   www.tekstilconcepts.com

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<u>Credit Application (Page 2 of 2)</u> **<u>Customers Agreement to Terms of Sale</u>** (**<u>Both Sides Must Be Completed</u>**)

<u>Officer(s) or Owner(s):</u>

1. Name: _____ Address:_____ City:_____ State: _____ Zip:_____

Social Security#_____ Title: _____ Phone _____ Fax _____

2. Name: _____ Address:_____ City:_____ State: ____ Zip:_____

Social Security#_____ Title: _____ Phone _____ Fax _____

Name of Accounts Payable Contact:_____ Phone:_____ Fax _____ e-mail: _____

<u>THIS SECTION MUST BE SIGNED BY CUSTOMER</u> **INDEPENDENT OF ANY OTHER SEPARATE CREDIT DATA SUBMITTED.**

This credit application and agreement is submitted by Customer to Tek Stil Concepts, Inc. (hereinafter TSC), to obtain trade credit. Customer acknowledges that invoices for materials or services are subject to **Net 30 day payment,** or other terms as may be negotiated between the parties in writing. Customer agrees to make payment to TSC for all amounts due according to TSC's invoice(s). Customer also agrees to pay to TSC, **an amount equal to 2.0% per month late charges,** (or the maximum provided by law, whichever is less) for invoice amounts past due. Should Customer default in such payment(s), TSC shall have the right, without notice to Customer, to declare all invoices and accrued finance charges as due and payable. In the event that TSC should commence any collection action, or otherwise seek to enforce this agreement against Customer or any guarantor**, customer agrees to pay any reasonable attorney(s) fees or collection agency(ies) fees, insufficient fund check costs, court costs and other expenses, incurred by TSC,** whether or not suit is filed. This agreement is not transferable or assignable without the prior written consent of TSC. This agreement shall become effective with acceptance by TSC. **TSC retains title to it's merchandise** until payment is received in full.

I / WE UNDERSTAND AND AGREE TO ADHERE TO THE ABOVE CREDIT/SERVICE POLICIES AND NET-30 TERMS AS INVOICED, OR AS PUBLISHED IN TSC'S PRICE LISTS, OR AS QUOTED BY TSC.

Dated at _____ As of this _____ Day _____Month _____201_____

Customer _____ Authorized Signature_____ Title: _____
      Print company name   First Name, Name and Initials of Signer

_____
      Print First Name, Name and Initials of Signer

                                                   CORPORATE SEAL

===
<u>INDIVIDUAL PERSONAL GUARANTEE</u>

In consideration of TSC extending trade credit at my request to **Company** _____

I, _____ residing at _____ City:_____ State: _____ Zip:_____
  First Name, Name and Initials of Guarantor hereby agree to bind myself to **personally guarantee to pay on demand any obligation of the Company** which may become due to **Tek Stil Concepts, Inc.,** whenever the Company fails to pay same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness by the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification of renewal of the credit agreement hereby granted.

Authorized Signature of Guarantor: _____ **Social Security #** _____ Date: ____/____/201____

Witness Signature:_____ Type Witness or Notary Public Name:_____

Type Witness Address:_____ City: _____ State:_____ Zip: _____

                                                NOTARY SEAL

03/07