

APPLICATION FOR ACCOUNT

CREDIT FAX #: 801-990-6532

Open Account

COD Account

Account

Salesperson

Date

***Business Name**

***Billing Address**

***City**

***State**

***Zip**

***Phone #**

***Fax #**

***Shipping Address**

***City**

***State**

***Zip**

***Phone #**

***Fax #**

***CHECK ALL THAT APPLY:**

PRODUCT INTERESTS

Flooring

Cabinets

Laminate

Countertops

Installation Supplies

***TYPE OF OWNERSHIP:**

Years in Business

Driver's License #

Federal ID#

CORPORATION

PARTNERSHIP

PROPRIETORSHIP

LLC

Are Purchase Orders Required?

Yes

No

Tax Exempt?

Yes

No

Exemption #

Exemption form must be completed

REQUIRED FULL NAMES OF ALL PRINCIPAL(S)/ OWNER(S) and /or PARTNER(S)*

(Attach additional info as necessary)

***Name**

***Title**

Social Security Number

***Home Phone**

***Home Address**

***Name**

***Title**

Social Security Number

***Home Phone**

***Home Address**

***Name**

***Title**

Social Security Number

***Home Phone**

***Home Address**

BANK REFERENCE

Name of Contact

Location

Phone #

Principal Suppliers or References (provide name, address, & phone number)

3 REFERENCES REQUIRED FOR CREDIT

Reference #1

Reference #2

Reference #3

I hereby apply for credit to MIDWEST FLOOR COVERINGS, INC., 810 West 2500 South, Salt Lake City, UT 84119. Payments are to be mailed to P O Box 65768, SLC UT 84165. It is understood that if this account is opened I will pay all billings when due as directed by MWFC, Inc. and I understand if payments are not made interest shall accrue on the monthly outstanding balance at a rate of 1.75% per month to be accrued before and after judgment until paid. If it is necessary for MWFC to use legal action or the services of a collection agency to collect our account, I agree to pay all reasonable expenses including incurred attorney's fees and court costs. Any suit to collect monies due may be brought at Midwest's option, in Salt Lake County, Utah. We understand a handling charge will be assessed for any merchandise authorized for return. Any bona-fide employee of our company may sign for merchandise unless otherwise stated in writing to MWFC. Payments may be applied as against open charges in the discretion of Creditor. I hereby authorize you or your representative to secure a credit report and agree to the release of credit information. In the event that the undersigned is an individual, the signing of this agreement shall give authorization to Creditor to utilize consumer credit reporting agencies reports to evaluate the extension of business credit. This authorization shall be continuing without expiration and a photo copy or fax copy shall be given the same effect as the original.

***COMPANY NAME**

SIGNATURE REQUIRED TO PROCESS

***REQUIRED FIELDS**

***SIGNATURE**

***PLEASE PRINT**

Midwest Floor Coverings, Inc.
Salt Lake City, UT - Boise, ID - Denver, CO

CONTINUING GUARANTY

In order to induce MIDWEST FLOOR COVERINGS, Inc., a Utah corporation, hereinafter "Midwest", to extend credit to sell on open account to, or otherwise become a creditor of _____ hereinafter referred to as "Debtor", the undersigned jointly and severally agrees to absolutely and unconditionally guarantee the prompt payment, without set-off, of any indebtedness, claims, to obligations, liabilities, and monies due Midwest by Debtor. This Continuing Guaranty shall remain in force and all amounts due under the account of Debtor until Midwest has received written notice closing the Debtor's account or terminating this Guaranty mailed U.S. certified return. The undersigned liability hereunder shall remain fully effective as to all claims of liabilities arising, incurred, or related to transactions substantially completed prior to such revocation. In connection with this guaranty, the undersigned agrees to pay all costs incurred by Midwest in collecting sums owed by Debtor or the undersigned, including attorney's fees. Any suit to collect monies due may be brought at Midwest's option in Salt Lake County, Utah.

The revocation of co-guarantor, the release of any security, or the release or settlement of any claim against the Debtor or a co-guarantor shall not affect or modify the liability of the undersigned. The undersigned waives presentment or notice of dishonor or demand. This guaranty shall be binding upon their respective heirs, executors, administrators, successors, and assigns.

I/We hereby authorize you or your representative to secure a consumer credit report and agree to the release of credit information. A photo copy or fax copy shall be given the same effect as the original.

Dated this _____ day of _____, 20_____.

Name – Personally

Signature – Personally

Social Security# _____

Witness

NOTICE

The federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission.

COLORADO CUSTOMERS ONLY
SALES TAX EXEMPTION CERTIFICATE
MULTI - JURISDICTION

See reverse side for instructions.

Issued to (Seller)		Address			
I CERTIFY THAT	Name of Firm (Buyer)				
	Street Address or Post Office Box Number				
	City	State	ZIP Code		
QUALIFIES AS (Check each applicable item)	<input type="checkbox"/> WHOLESALER	<input type="checkbox"/> RETAILER	<input type="checkbox"/> MANUFACTURER	<input type="checkbox"/> LESSOR*(See note on reverse side)	<input type="checkbox"/> CHARITABLE OR RELIGIOUS
	<input type="checkbox"/> POLITICAL SUBDIVISION OR GOVERNMENTAL AGENCY <input type="checkbox"/> OTHER (Specify) _____				
	1) and is registered with the below listed states and cities within which your firm would deliver purchases to us which are for resale or lease by us in the normal course of our business which is _____ or				
	2) that such purchases are exempt from payment of sales or use tax in such states and cities because our buyer is: <input type="checkbox"/> CHARITABLE OR RELIGIOUS <input type="checkbox"/> POLITICAL SUBDIVISION OR GOVERNMENTAL AGENCY <input type="checkbox"/> OTHERWISE EXEMPT BY STATUTE (SPECIFY) _____				
City or State		State Registration or ID Number	City or State	State Registration or ID Number	
City or State		State Registration or ID Number	City or State	State Registration or ID Number	
City or State		State Registration or ID Number	City or State	State Registration or ID Number	
If the list of states and cities is more than six (6), attach a list to this certificate.					
<i>I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.</i>					
General description of products to be purchased from the seller					
<i>Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.</i>					
Authorized Signature (Owner, Partner or Corporate Officer)			Title	Date	

TO OUR CUSTOMERS:

In order to comply with the majority of state and local sales tax law requirements, it is necessary that we have in our files a properly executed exemption certificate from all of our customers who claim sales tax exemption. If we do not have this certificate, we are obligated to collect the tax for the state in which the property is delivered.

If you are entitled to sales tax exemption, please complete the certificate and send it to us at your earliest convenience. If you purchase tax free for a reason for which this form does not provide, please send us your special certificate or statement.

***LESSOR:** A form DR 0440, "Permit to Collect Sales Tax on the Rental or Lease Basis" must be completed and submitted to the Department of Revenue for approval.

CAUTION TO SELLER: In order for the certificate to be accepted in good faith by the seller, the seller must exercise care that the property being sold is of a type normally sold wholesale, resold, leased, rented, or utilized as an ingredient or component part of a product manufactured by the buyer in the usual course of his business. A seller failing to exercise due care could be held liable for the sales tax due in some states or cities.

Misuse of this certificate by the seller, lessor, buyer, lessee, or the representative thereof may be punishable by fine, imprisonment or loss of right to issue certificates in some states or cities.