

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
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***TYPE OF OWNERSHIP:**

Years in Business

Driver's License #

Federal ID#

CORPORATION

PARTNERSHIP

PROPRIETORSHIP

LLC

Are Purchase Orders Required?

Yes

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.

Do not send this form to the Streamlined Sales Tax Governing Board. Send the completed form to your supplier and keep a copy for your records.

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possible civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

1. Check if you are attaching the Multistate Supplemental form.

If not, enter the two-letter abbreviation for the state under whose laws you are claiming exemption.

2. Check if this certificate is for a Single Purchase Certificate. Enter the related invoice/purchase order # _____.

3. A. Name of purchaser

B. Business address _____ City _____ State _____ Zip code _____

C. Purchaser's tax ID number _____ State of Issue _____ Country of Issue _____

D. If no tax ID number, enter one of the following: FEIN _____

E. Driver's License Number/State Issued ID number _____ State of Issue _____

F. Foreign diplomat number _____

G. Name of seller from whom you are purchasing, leasing or renting _____

H. Seller's address _____ City _____ State _____ Zip code _____

4. Purchaser's Type of business. Circle the number that best describes your business.

01 Accommodation and food services	11 Transportation and warehousing
02 Agriculture, forestry, fishing, hunting	12 Utilities
03 Construction	13 Wholesale trade
04 Finance and insurance	14 Business services
05 Information, publishing and communications	15 Professional services
06 Manufacturing	16 Education and health-care services
07 Mining	17 Nonprofit organization
08 Real estate	18 Government
09 Rental and leasing	19 Not a business
10 Retail trade	20 Other (explain) _____

5. Reason for exemption. Circle the letter that identifies the reason for the exemption.

A Federal government (Department) _____	H Agricultural Production # _____
B State or local government (Name) _____	I Industrial production/manufacturing # _____
C Tribal government (Name) _____	J Direct pay permit # _____
D Foreign diplomat # _____	K Direct Mail # _____
E Charitable organization # _____	L Other (Explain) _____
F Religious organization # _____	M Educational Organization # _____
G Resale # _____	

6. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of authorized purchaser _____ Print name here _____ Title _____ Date _____

Name of Purchaser

State	Reason for exemption	Identification number (if required)
AR		
GA		
IA		
IN		
KS		
KY		
MI		
MN		
NC		
ND		
NE		
NJ		
NV		
OH		
RI		
OK		
SD		
TN		
UT		
VT		
WA		
WI		
WV		
WY		

SSUTA Direct Mail provisions are not in effect for Tennessee.

The following nonmember states will accept this certificate for exemption claims that are valid in their respective state. SSUTA Direct Mail provisions do not apply in these states.

State	Reason for exemption	Identification number (if required)
XX		
XX		