



Issue Date: October 2014	US-Cr-D-001-A
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Godfrey Hirst USA Inc
 7629 Adairsville Hwy, P.O. Box 849
 Adairsville, GA 30103

Tel: (678) 461 7545 / (800) 480 7134
 Fax: (678) 461 7548 / (800) 480 7135
 Email: northamerica.customerservice@godfreyhirst.com

Application for Business Credit Account

Business/Account Name:			
Full Business <u>Legal</u> Name:			
Physical Street Address:			
Physical City:	State:	Zip:	
Billing Address:			
County of physical location:			
Billing City:	State:	Zip:	
Billing State's Sales Tax Exemption Number:	For USA only: Copy of exemption certificate required to be setup as tax exempt for carpet purchases. All displays and samples are taxable.		
General Business Phone:	Fax:		
Website:			
Credit Required:	\$ _____ per month	PO Required?	<input type="checkbox"/> Y <input type="checkbox"/> N
Buying Group Affiliation:			

Departmental Contact Information: In an effort to serve you better and to go paperless, we are collecting contact information to send correspondences for the various areas of your business.

Contact Type	Contact Email Address	Contact Person's Name (if a specific person)	Phone
Sales Order Confirmations			
Sales & Marketing Info.			
Price Lists			
Invoices			
Statements			
Accounts Payable			
Claims			
Owner/Primary Manager			

Business Details:

Sole Proprietor
 Partnership
 Corporation (Non-Public)
 Corporation (Public)
 Limited Liability Company
 Government
 Trust
 Other

Nature of Business	Year Started:	Yrs Operated by applicant:
FIN (USA) (attach W9)	Business Number (Canada)	
State where Incorporated	Company or any officer, director, manager, partner, member or owner ever filed for bankruptcy	<input type="checkbox"/> Yes (attach detail) <input type="checkbox"/> No
Premises (circle one)	Leased/Owned If leased, expiry date of lease:	
Employees:	Full time:	Part time:
Annual Sales Revenue	Average Value of Inventory	
Ever owned another carpet retailer business <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, name of business	

Attached Documents:

Copy of Sales Tax Exemption Certificate (Must be attached for each state listed.)
 Income Statement for most recent Fiscal Year End
 Completed W9 form
 Income Statement for Fiscal Year-to-Date
 Balance Sheet as at Most Recent Month End (should be within 1 month of date of application)
 Most recent Federal Income Tax Return

For Godfrey Hirst Use Only: Salesperson's Name:

Regional's Name:

Mark Applicable:	01L	02D	03G	04W			
Mark All Applicable Products:	WL	EL	JS	SN	PL	IN	ET

Product Key: WL= WOOL, EL=EASY LIVING, JS= JUST SHORN, SN= SUPER NATURAL, PL= PRIVATE LABEL, IN= INVENTORY, ET= EASY LIVING TOO



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Ownership Details – To be completed for all officers, directors, managers, partners, members and owners: (Please attach page if insufficient space.)

1. Full name:				Position:	
Residential Address:				Private Ph.:	
Residential City:	Residential State:			Postal Code:	
Years at Address:	Ownership %			SS #:	
2. Full name:				Position:	
Residential Address:				Private Ph.:	
Residential City:	Residential State:			Postal Code:	
Years at Address:	Ownership %			SS #:	
3. Full name:				Position:	
Residential Address:				Private Ph.:	
Residential City:	Residential State:			Postal Code:	
Years at Address:	Ownership %			SS #:	

Industry References: (Do NOT include SHAW or MOHAWK as they do not give out credit reference information.)

1. Company name:				Contact:	
Address:				City:	
State:	Postal Code:			Phone:	
Years of Dealing:	Account No.:			Fax:	
2. Company name:				Contact:	
Address:				City:	
State:	Postal Code:			Phone:	
Years of Dealing:	Account No.:			Fax:	
3. Company name:				Contact:	
Address:				City:	
State:	Postal Code:			Phone:	
Years of Dealing:	Account No.:			Fax:	

Bank Reference:

Bank:				Branch:	
Address:					
City:		State:		Postal Code:	
Contact:				Phone:	
Bank Routing Number:				Bank Account Number:	

Accountant:

Name of Firm:					
Address:					
City:		State:		Postal Code:	
Contact:				Phone:	

Primary Delivery Address Information: (Please use Additional Delivery Address Information page if you have additional ship-to addresses.)

Delivery Address:					
Delivery City:		State:		Zip:	
Delivery Address Phone:				Fax:	
Delivery State's Sales Tax Exemption Number:				For USA only: Copy of exemption certificate required to be setup as tax exempt for carpet purchases. All displays and samples are taxable.	
Preferred Freight Company:	<input type="checkbox"/> Carrier will bill customer directly <input type="checkbox"/> Third Party <input type="checkbox"/> GH will bill customer				



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Additional Delivery Address Information: Complete only if you have additional delivery addresses different from the primary delivery address.

# __ Delivery/Mailing Address:			
Delivery City:	State:	Zip:	
Delivery Address Phone:	Fax:		
Delivery State's Sales Tax Exemption Number:	For USA only: Copy of exemption certificate required to be setup as tax exempt for carpet purchases. All displays and samples are taxable.		
Preferred Freight Company:	<input type="checkbox"/> Carrier will bill customer directly <input type="checkbox"/> Third Party <input type="checkbox"/> GH will bill customer		
# __ Delivery/Mailing Address:			
Delivery City:	State:	Zip:	
Delivery Address Phone:	Fax:		
Delivery State's Sales Tax Exemption Number:	For USA only: Copy of exemption certificate required to be setup as tax exempt for carpet purchases. All displays and samples are taxable.		
Preferred Freight Company:	<input type="checkbox"/> Carrier will bill customer directly <input type="checkbox"/> Third Party <input type="checkbox"/> GH will bill customer		
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Terms for Business Account

This Application for Business Credit Account (including all enclosed and/or attached forms, documents, information, schedules, exhibits, or similar documents) (this "Application") is made by the undersigned (the "Applicant") so that the Applicant may, upon approval, open a business credit account (the "Account") with Godfrey Hirst Australia Pty Ltd or its affiliates ("Godfrey Hirst").

- 1. The Applicant has read and accepted the Godfrey Hirst Privacy Statement for Customers.
2. Godfrey Hirst is authorized to make whatever inquiries it deems necessary in connection with this Application...
3. The Applicant shall instruct the References to cooperate fully in disclosing information to Godfrey Hirst...
4. Godfrey Hirst is permitted to provide any information gathered from this Application...
5. Once this Application is submitted to Godfrey Hirst, it shall become the exclusive property of Godfrey Hirst...
6. The Applicant shall observe and be bound by the Godfrey Hirst terms and conditions of sale of goods...
7. Godfrey Hirst may terminate the Account at any time for any reason.
8. If the Account is terminated or denied for any reason, the Applicant shall remain obligated to pay all amounts owed...
9. The Applicant represents and warrants that the Applicant is solvent and has the financial ability to pay when due...
10. The Applicant represents and warrants that all information contained within this Application...
11. The Applicant represents and warrants that the individual signing below has the authority to bind the Applicant...
12. The Applicant agrees to hold harmless and indemnify Godfrey Hirst against any claims and losses arising from...
13. Godfrey Hirst may require that some or all of the Applicant's officers, directors, partners, managers, members or owners execute a personal guaranty...
14. Godfrey Hirst may require that the Applicant allow Godfrey Hirst to take and maintain a first priority security interest...
15. This Application shall be governed by and construed according to the laws of the United States and the laws of the State of Georgia...
16. IF ANY ACTION OR PROCEEDING INVOLVING THIS APPLICATION IS COMMENCED IN ANY COURT OF COMPETENT JURISDICTION, THE APPLICANT AND GODFREY HIRST HEREBY WAIVE THEIR RIGHTS TO DEMAND A JURY TRIAL.
17. An invalidity or unenforceability of a portion of this Application will not affect the validity or enforceability of the remainder hereof.
18. This Application shall become effective upon Godfrey Hirst's approval, which shall be at Godfrey Hirst's sole discretion subject to applicable law.
19. NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, 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.

This Application is hereby submitted to Godfrey Hirst by the Applicant on the date appearing beneath the Applicant's name.

Table with 2 columns: Field (Company Name, Signature, Print Name, Title, Date) and Instruction (This section must be signed and dated or the application cannot be processed).

Personal Guaranty

Each undersigned individual, in consideration of Godfrey Hirst (plus any successors and assigns) extending credit to the Applicant (as defined in the Application for Business Credit Account), jointly, severally, unconditionally, and fully, personally guarantees the prompt payment and performance of all debts, obligations, liabilities and undertakings due to Godfrey Hirst from the Applicant, including without limitation, all actual attorney fees and collection costs of any nature incurred by Godfrey Hirst in collection of any of the obligations due hereunder.

Individuals:

Sign Name:..... Sign Name:..... Sign Name:.....
Print Name:..... Print Name:..... Print Name:.....
Date: Date: Date: