

NGF Distributors

1500 Union Hill Road, Alpharetta, GA 30005 770-475-8638 Fax: 770-475-3356

BUSINESS CREDIT APPLICATION

Company Name: _____

Street Address: _____ P.O. Box: _____

City, State, Zip _____ Phone #: _____

How long in business? _____ Type of business: _____

Is this a corporation? _____ Partnership? _____ Sole proprietorship? _____

Name and home address of major stockholder, partner, or sole proprietor:

Name and title: _____ Home & cell phone #: _____

Home address: _____ City, State, Zip _____

Manager's name: _____ Home & cell phone #: _____

Sales tax exemption certificate number: _____ State: _____
(please attach a copy of the certificate)

REFERENCES

Bank reference:

Name of bank	fax number	Your account #
Address		Phone number

Three Distributors of flooring (NO CARPET MILLS)

1 _____
(Name - MUST be a flooring distributor) fax number Your account #

Address _____ Phone number _____

2 _____
(Name - MUST be a flooring distributor) fax number Your account #

Address _____ Phone number _____

3 _____
(Name - MUST be a flooring distributor) fax number Your account #

Address _____ Phone number _____

The undersigned authorizes NGF Distributors to contact the above references and to conduct an investigation concerning the credit standing of the applicant. The undersigned guarantees the above facts are true and correct.

Signature Printed name & title Date

GUARANTY OF PAYMENT

For value received and in consideration of NGF Distributors extending credit to and selling goods to applicant, the undersigned hereby unconditionally guarantees payment of any sum(s) of money as may now be due or may thereafter become due from applicant to NGF Distributors, including 15% attorney's fee if it becomes necessary to enforce this guaranty of payment filed through an attorney at law.

Signature Printed name & title Date