



APPLICATION AND AGREEMENT FOR OPEN ACCOUNT

8141 Lakewood Main Suite 209 • Phone: (941)-388-9299

Fax: (941)-388-0936 • www.StaybullFlooring.com

ACCOUNT # _____

BILLING INFORMATION (Terms Net 30 days from date of invoice)

Company Name: _____
 Legal Name if different: _____
 Attn: _____
 Title: _____
 Street Address: _____
 City, State, Zip: _____
 Main Tel# _____ A/P Tel# _____
 Fax# _____ A/P Fax# _____
 E-mail address: _____
 Are you listed with D&B? Yes No If yes, provide D&B /Duns # _____
 Federal ID# _____

SHIPPING INFORMATION (if different from Billing)

Company Name: _____
 Attn: _____
 Title: _____
 Address: _____
 City, State, Zip: _____
 Tel# _____
 Fax# _____

BILLING OPTIONS

Net 30 COD Credit Card Consolidated Periodic
 Other (Please Specify) _____

CORPORATE INFORMATION

President _____ State in which you incorporated _____
 Vice President _____ County in which you incorporated _____
 Controller/CEO _____ # of Employees _____
 A/P Manager _____ Years established _____

TRADE/CREDIT REFERENCES

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Phone # _____	Phone # _____	Phone # _____
Fax # _____	Fax # _____	Fax # _____
Contact Name: _____	Contact Name: _____	Contact Name: _____
Account # _____	Account # _____	Account # _____

PURCHASING INFORMATION

PO's Required? Yes No Hard copy required? Yes No
 Will purchases be subject to sales tax? Yes No (If purchase is not subject to sales tax, please enclose copy of resale card/tax exempt certificate)
 Are you a government agency? Yes No
 City County State Federal Private Corporation Public Corporation Partnership School/Learning Institution
 Sole Proprietorship (If Sole Proprietorship - ss# _____)

Authorized Buyers _____

BANK REFERENCE

We authorize you, our bank reference, to release credit information regarding the following account(s) to **Staybull Flooring LLC.**

BANK NAME: _____
 BANKING OFFICER: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 Checking Account# _____
 Loan Account# _____
 Phone# _____
 Fax# _____

AUTHORIZATION AND AGREEMENT TO RELEASE CREDIT INFORMATION

Please enclose a copy of your most current financial statement. Information will be kept confidential.

In support of this application, **Staybull Flooring LLC.** is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions or commercial firms with which I/we have done business. It is understood that any such credit and/or financial information will be held in strict confidence and used only for consideration of this application. Upon approval of this application, it is agreed that all purchases will be paid in full and in accordance with the terms of the sale Net 30 days from date of invoice. Should I/we not pay **Staybull Flooring LLC.** according to terms, it is understood that credit privileges may be withdrawn. Should **Staybull Flooring LLC.** find it necessary to obtain assistance in collecting any monies due, I/we agree to pay all reasonable attorney fees, collection agency fees and/or court costs necessary to collect monies owed. The offer is limited only to these terms.

Signature of Authorized Officer _____
 Name (Please Print) _____
 Title _____ Date _____

Not responsible for applications with missing or incomplete information