

CREDIT ACCOUNT APPLICATION

Account Interest is: SeamFil ONLY () ColorFlex ONLY () All Products () OTHER _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ EMAIL: _____

TYPE OF LAMINATE DISTRIBUTED: _____

DO YOU BUY YOUR LAMINATE DIRECT FROM A MAJOR LAMINATE MANUFACTURER? YES () NO ()

IF YES, WHICH LOCATION? _____ PHONE: _____

BUSINESS TYPE: _____ CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETORSHIP

DATE OF INCORPORATION: _____ D & B #: _____

PRESIDENT: _____ PHONE EXT.: _____

SECRETARY/TREASURER: _____ PHONE EXT.: _____

ACCTS. PAYABLE MGR.: _____ PHONE EXT.: _____

BANK REFERENCE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COMMERCIAL ACCOUNT CONTACT: _____

PHONE: _____ FAX: _____

TRADE REFERENCE #1: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TRADE REFERENCE #2: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TRADE REFERENCE #3: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

THE ABOVE INFORMATION IS FURNISHED FOR THE PURPOSE OF OPENING AN ACCOUNT AND IS TO BE KEPT IN THE STRICTEST CONFIDENCE.

SIGNED: _____ TITLE: _____

DATE: _____