



APPLICATION FOR CREDIT

D&B TILE DISTRIBUTORS – HOLLYWOOD-PALMETTO BAY-
DORAL-SUNRISE- PT ST LUCIE PALM BEACH -POMPANO-
DELRAY BEACH-ORLANDO-HIALEAH

Fax Back to: 954-843-7429

Date _____ Salesman _____ D & B Branch _____ Credit Line _____

Business Name _____			
Address _____		City _____ St _____ Zip _____	
Mailing Address (if different) _____		City _____ St _____ Zip _____	
Telephone () _____		Fax () _____ Cellular () _____	
E-mail: _____			
Preference for Statements and Invoice Copies (Check One) Mail Fax Email			

IF YOUR COMPANY'S PURCHASES ARE EXEMPT FROM SALES TAX, PLEASE ATTACH COPY OF EXEMPTION FORM.

Business References:			
Name _____		Address _____	
City _____		St _____ Zip _____ Telephone _____ Fax _____	
(***)Please attach separate sheet of two additional available references)			

The undersigned (jointly and severally, if more than one), in consideration of your extending credit to the above named application, do hereto agree to pay for all goods, wares, and/or merchandise supplied to applicant, and in the event it should become necessary to place our account with an attorney for collection do hereto agree to pay court costs, appellate court costs and reasonable attorney's fees. The undersigned understand that D & B Tile Distributors, Tile Mart Distributors and its above named associated corporations respectively are relying upon the personal agreement to pay of the undersigned in agreeing to extend credit. The undersigned does/do further agree to notify D & B Tile Distributors or Tile Mart Distributors in writing by registered mail of any change in ownership or form of applicants' business organization. It is agreed that the undersigned shall be stopped to deny liability for all materials, et al furnished applicant prior to delivery of the aforesaid written notice. The undersigned agree that **venue shall be in Broward County, Florida** for all actions arising out of this application, and/or arising out of any business dealings between any of the D & B Tile branches, Tile Mart Distributors and the applicant(s) above mentioned business entity.
Credit terms: Net 30 --- 1.5% service charge per month on all past-due items.

PRINT NAME _____ **% of ownership** _____

Individually, and as agent for applicant (**signed**) _____ Date _____

State of Florida
County of _____

Sworn to and subscribed before me by _____ who is personally known to me or produced _____ as identification, and who did _____ take an oath, this _____ day of _____, 20 ____.

Signature of Notary _____

FOR PROMPT PROCESSING OF THIS APPLICATION, IT IS NECESSARY FOR EACH OFFICER LISTED FOR YOUR COMPANY TO COMPLETE THE FOLLOWING INFORMATION. PLEASE MAKE COPIES IF NECESSARY.

Personal Guarantee

Name _____ Date of Birth _____ SS# _____

Present Address _____, City, State _____

Zip Code _____ Home Phone # _____ How long at this address? _____

Do you own or rent? _____ Is title in your name (Y/N) _____

Name of Parent or Relative not living with you _____

Relationship? _____ Phone # _____

I, undersigned, residing at the above address, for and in consideration of your extending credit to

_____ (company name) of which I am _____ (title), hereby personally guarantee to you the payment at Sunrise, Florida of any obligation of my company for goods purchased or services rendered, and I hereby agree to bind myself to pay D&B Tile Distributors and/or Tile Mart Distributors, as the case may be, on demand any sum which may become due to D&B Tile Distributors or any of its related corporations or Tile Mart Distributors by the above named company, whenever the company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the company. I do hereby waive notice of default, non-payment and notice hereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Name (Print) _____ Signature _____ Date _____

Witness Name _____ Signataure _____ Date _____

PLEASE HAVE SIGNATURE NOTARIZED!

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before this _____ day of _____, 20____, by

(name of person making the statement)

(Signature of Notary Public – State of FL)

(Print, type or stamp Commissioned name of Notary Public)

Personally known _____ OR Produced Identification _____
Type of Identification Produced _____