

# CLASSIC TILE INC.

CORPORATE HEADQUARTERS: 325 PINE STREET, ELIZABETH, NJ 07208

(800)-352-2527

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TEL: (908)-289-8400

Web Site: www.Classictile.com

E-Mail: Classictile@optonline.net

## CREDIT APPLICATION

Complete, Attach, and Email to:  
malonecredit@optonline.net or doriryder@optonline.net

### BUSINESS INFORMATION

COMPANY NAME	
TRADE NAME	
ADDRESS	
CITY	
STATE	ZIP
TEL. #	FAX #
E MAIL	

### DESCRIPTION OF BUSINESS

BUSINESS STRUCTURE (Please check one)		
CORPORATION	PARTNERSHIP	PROPRIETORSHIP
Type of Business (Please select one)		
Building Owned	Leased	Sq. Footage
Years in Business	Number of Employees	
Yearly Sales	Previous Company Name (if any)	

### COMPANY PRINCIPALS RESPONSIBLE FOR PAYMENT

PRINCIPAL #1	
NAME	
HOME ADDRESS	
TEL #	SS#

PRINCIPAL #2	
NAME	
HOME ADDRESS	
TEL #	SS#

### BANK REFERENCE

BANK NAME	ACCOUNT #	
ADDRESS	TELEPHONE #	CONTACT

### TRADE REFERENCES (WHOLESALE DISTRIBUTORS ONLY, NO CARPET MANUFACTURERS PLEASE)

NAME	ADDRESS	PHONE #
NAME	ADDRESS	PHONE #
NAME	ADDRESS	PHONE #
NAME	ADDRESS	PHONE #

### TO CONSIDER YOUR APPLICATION PLEASE READ AND SIGN WHERE NOTED BELOW

I hereby certify that the information in this credit application is true and correct. The information included in this credit application is for use by CLASSIC TILE Inc. in determining the amount and conditions of credit to be extended. I hereby authorize the bank and trade references listed in this credit application to release any information necessary to assist CLASSIC TILE Inc. in processing this credit application. I understand that in the event my account is referred to a collection agency or attorney for non payment of my account balance I will be Responsible for all costs associated with such action which may include attorney fees, court costs, interest on the unpaid balance, collection agency fees and any other such costs Incurred by CLASSIC TILE Inc. . I further agree, if elected by CLASSIC TILE Inc. to submit any disputes which may arise to arbitration. By my signature below I personally guarantee Payment of the account or applicant.

X \_\_\_\_\_  
SIGNATURE TITLE DATE

X \_\_\_\_\_  
SIGNATURE TITLE DATE

**By typing my name in the above signature box, I hereby authorize that to serve as my signature for any and all credit checks and purposes. Please initial here.**