



## CREDIT APPLICATION FOR A WHOLESALE ACCOUNT

Please Print, fill out, and fax back to 1-501-562-2491  
to request Net 30 terms for your wholesale account.

### BUSINESS CONTACT INFORMATION

Company Name:			
Company address (street):		Phone:	
City:	State:	ZIP code:	
Company Website:		E-mail address:	
Years in business:		Type of business:	
Sole proprietorship:	Partnership:	Corporation:	Other:
Amount of Credit Requested:			
Sales Tax Resale No.:			

### OWNER'S INFORMATION

Name of Owner:		Social Security Number:	
Home Address:			
City:	State:	ZIP Code:	
Phone:		No. of years at current address:	
Previous Home Address:			
City:	State:	ZIP Code:	

### BANK INFORMATION

Bank Name:			
Bank Address:		Phone:	
City:	State:	ZIP Code:	
Type of Account:		Account Number:	
Savings:	Checking:	Other:	

### BUSINESS/TRADE REFERENCES

Name	Address	City/State/Zip	Phone/Fax	Account #
1.				
2.				
3.				

I certify that all statements made are true and complete and submitted for purpose of obtaining credit from Capitol Earth Rugs, Inc. An investigative consumer report may be requested in connection with this application.

Signature of owner:	Date:
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### FOR OFFICIAL USE ONLY

Sales Consultant: Credit Manager:	Date Applicant was checked: Credit: Approved _____ Denied _____
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