

Tapestries, Ltd.
Credit Application

1206 Trinity Avenue
High Point, NC 27260
Phone: 336-883-9864 Toll Free Phone: 888-827-7583
Fax: 336-884-1137 Toll Free Fax: 888-827-7584
E-mail: info@tapestriesltd.com
Website: www.tapestriesltd.com

DATE: ____/____/____

HOW APPLIED: IN PERSON ____ MAIL OR E-MAIL ____ FAX ____

Please type or print all information

COMPANY NAME: _____

D\B\A: _____ DATE ESTABLISHED: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

PLEASE INCLUDE AREA CODE

MAIN SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FORMER BUSINESS ADDRESS: (if applicable) _____

TYPE OF BUSINESS: _____ **HOW LONG IN BUSINESS:** _____

DOES STATE, COUNTY, OR CITY REQUIRE A LICENSE? ____ YES ____ NO

IF YES, LICENSE # _____ **TAX ID:** _____

OWNERSHIP: SOLE OWNER ____ **LLC** ____ **PARTNERSHIP** ____ **CORPORATION** ____

PARTNER OR NAME OF PRINCIPLES: _____ **TITLE:** _____

ADDRESS _____

SS # (REQUIRED) ____ - ____ - ____ **E-MAIL** _____

NAME OF PRINCIPLES: _____ **TITLE:** _____

ADDRESS: _____

SS # (REQUIRED) ____ - ____ - ____ **E-MAIL** _____

TYPE OF PRODUCT: _____

NUMBER OF EMPLOYEES: _____ **EST ANNUAL SALES: \$** _____

ADD ATTACHED SHEET FOR ADDITIONAL

WEBSITE: _____

SALES AREA: DOMESTIC _____ INTERNATIONAL (STATE COUNTRIES) _____

HAS THE FIRM OR ANY OF ITS PRINCIPALS EVER BEEN BANKRUPT? ___ NO YES ___

IF YES,
EXPLAIN _____

MORTGAGE HOLDER/LANDLORD: _____

ADDRESS _____ PHONE: _____ - _____ - _____

TRADE REFERENCES

MINIMUM FOUR (4) ACTIVE ACCOUNTS

COMPANY NAME: _____ PHONE # _____

ADDRESS: _____ FAX # _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____ ACCOUNT # _____

COMPANY NAME: _____ PHONE # _____

ADDRESS: _____ FAX # _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____ ACCOUNT # _____

COMPANY NAME: _____ PHONE # _____

ADDRESS: _____ FAX # _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____ ACCOUNT # _____

COMPANY NAME: _____ PHONE

ADDRESS: _____ FAX #

CITY: _____ STATE: _____ ZIP:

CONTACT NAME: _____ ACCOUNT #

COMPANY NAME: _____ PHONE

ADDRESS: _____ FAX #

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____ ACCOUNT #

BANK REFERENCE

BANK: _____

ADDRESS: _____

CITY: _____ STATE: _____
ZIP: _____

PHONE #: _____ ACCOUNT # _____

CHECKING _____ LOAN _____ SAVINGS _____

PERSON TO CONTACT ABOUT ACCOUNT _____ TITLE _____

TYPE OF CREDIT AGREEMENT: _____

APPLICANT AGREES TO PAY ANY COLLECTION COSTS INCURRED TO COLLECT THE AMOUNT BALANCE, INCLUDING REASONABLE ATTORNEY'S FEES. **PAST DUE BALANCES WILL ACCRUE INTEREST CHARGES AT 1.5 MONTHLY**

THE UNDERSIGNED WILL/WILL NOT SUBMIT A FINANCIAL STATEMENT.

THE UNDERSIGNED AS AN INDUEMENT TO GRANT CREDIT WARRANTS THAT THE INFORMATION SUBMITTED IS TRUE AND CORRECT. YOU ARE AUTHORIZED TO INVESTIGATE THE CREDIT REFERNCES LISTED ON THE APPLICATION.

NAME: _____ TITLE _____

SIGNATURE: _____

NAME: _____ TITLE _____

SIGNATURE: _____

REQUEST COD ACCOUNT _____

THE NEXT PAGE HAS TO BE FILLED OUT COMPLETELY BEFORE WE CAN SET UP YOUR ACCOUNT.

PLEASE READ OVER INFORMATION CAREFULLY

Tapestries, Ltd.

**1206 TRINITY AVENUE
HIGH POINT, NC 27260**

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E-mail: info@tapestriesltd.com

Website: www.tapestriesltd.com

PERSONAL GUARANTEE OF OBLIGATION OF _____”(applicant)”

Name: _____ Title: _____
(print or type)

Name: _____ Title: _____
(print or type)

In consideration of credit extended by TAPESTRIES, LTD. to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantors each hereby contract and guarantee to TAPESTRIES, LTD. the faithful payment, when due, of all accounts of said applicant for purchases from TAPESTRIES, LTD. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any claim held by TAPESTRIES, LTD. extension of time payment to applicant, acceptance of partial payment compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Any revocation of this guarantee shall be in writing and delivered to TAPESTRIES, LTD. This a guarantee of payment and not of collection.

TAPESTRIES,LTD shall not be required to process first against applicant before seeking enforcement of this guarantee.The revocation of this guarantee shall only be on credit granted after the revocation of guarantee is received and accepted by TAPESTRIES, LTD.The laws of North Carolina shall apply to this guarantee and all guarantors do hereby accept jurisdiction of and service by registered mail of any court located in Guilford County, North Carolina.

Name:_____ (print)

Signature _____ (SEAL)

Please fax this credit application to (336) 884-1137 or (888) 827-7584 Toll Free. You may also scan and email to info@tapestriesltd.com.