

**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](mailto:info@tapestriesltd.com)

Website: [www.tapestriesltd.com](http://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**

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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

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HIGH POINT, NC 27260**

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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)

Name: \_\_\_\_\_ (print) <sup>4</sup>

Signature: \_\_\_\_\_ (SEAL)