



AFCO-USA

FACSIMILE TRANSMISSION CREDIT APPLICATION

75

AMERICAN FLOOR PRODUCTS COMPANY, INC.

P.O. Box 7055 • Gaithersburg, Maryland 20898 - 7055 • (301) 987-0490 • Fax (301) 987-0422

| | | | | | | | |
|--|--|--|----------|--|----------------------|--|----------------|
| APPLICANT (BUSINESS OR CORPORATE NAME) | | | | | APPLICATION DATE | | |
| BUSINESS STREET ADDRESS | | | | BILLING ADDRESS (STREET OR P.O. BOX) | | | |
| CITY | | STATE | ZIP CODE | CITY | | STATE | ZIP CODE |
| BUSINESS TELEPHONE No. | | YEAR ESTABLISHED: | | ESTIMATED MONTHLY PURCHASES | | RESALE PERMIT OR SALES TAX No. | |
| | | No. OF EMPLOYEES: | | | | | |
| BUSINESS FAX No. | | BUSINESS BUILDING IS: | | NAME OF LANDLORD | | TYPE OF BUSINESS: | |
| | | <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED | | | | <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION | |
| WE ARE ENGAGED IN THE BUSINESS OF | | LANDLORD'S ADDRESS & TELEPHONE No. | | | S.S.# OR FED EIN No. | | |
| | | | | | No. | | |
| | | | | | No. | | |
| | | | | | No. | | |
| OWNERS (IF APPLICANT IS A SOLE PROPRIETORSHIP OR PARTNERSHIP) OR OFFICERS (IF A CORPORATION) | | | | | | | |
| NAME | | TITLE | | HOME ADDRESS | | | HOME PHONE No. |
| | | S.S.# | | | | | |
| NAME | | TITLE | | HOME ADDRESS | | | HOME PHONE No. |
| | | SS.# | | | | | |
| BANK OR SAVINGS AND LOAN ASSOCIATION | | | | | | | |
| NAME | | | | COMPLETE ADDRESS | | | |
| TELEPHONE | | | FAX No. | | | ACCOUNT No. | |
| APPLICANT'S PRINCIPAL SUPPLIERS (LIST AT LEAST THREE) | | | | | | | |
| NAME | | ACCOUNT No. | | | FAX No. | | TELEPHONE No. |
| NAME | | ACCOUNT No. | | | FAX No. | | TELEPHONE No. |
| NAME | | ACCOUNT No. | | | FAX No. | | TELEPHONE No. |
| HAS APPLICANT OR ANY OF ITS PRINCIPALS EVER FILED A VOLUNTARY PETITION IN BANKRUPTCY? IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER. <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | HAS A TAX LIEN OR CIVIL SUIT BEEN FILED AGAINST APPLICANT OR ANY PRINCIPAL WITHIN THE LAST 6 (SIX) YEARS? IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER. <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| <p>TERMS: In consideration of OUR COMPANY extending credit to the Applicant, the Applicant Agrees to pay for all items delivered or services rendered to, or at the request of, the Applicant, in accordance with the terms of each invoice. Applicant agrees that each of the terms and conditions of sale stated on the invoices shall be a term of the contract of each sale from OUR COMPANY to the Applicant. Applicant acknowledges that a monthly service charge of the highest amount legally allowed in the state shall be made on all sums due OUR COMPANY which have not been paid by the 30th day of the month following billing, and Applicant agrees to promptly pay said service charge. And additional service charge, computed on the same basis, will be due and payable every thirty (30) days thereafter. Waiver of any one or more service charges shall not be deemed to be a waiver of future service charges. Applicant further agrees that with regard to such service charges, Applicant and OUR COMPANY are parties to written commercial contract. Should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all collection costs and attorney fees in addition to all other sums due. Applicant authorizes OUR COMPANY to obtain credit and financial information concerning the Applicant at any time and from any source. The undersigned warrants that the above agreement has been carefully read and that Applicant understands completely.</p> <p>All orders over \$5,000.00 require a one third deposit with approved credit, or a Certified Bank letter of credit.</p> | | | | | | | |
| PRINT NAME OF APPLICANT | | | | TITLE | | | |
| SIGNATURE OF APPLICANT | | | | DATE | | | |



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 email: amerflor@worldnet.att.net • Web Site: www.afco-usa.com

QUOTATION No. 123

| | | | |
|----------------|--------------------|------------|-------|
| Name | AFCO-USA | | |
| Address | 7977 Cessna Avenue | | |
| City | Gaithersburg | | |
| State | MD | ZIP | 20879 |
| Phone | 800-342-0424 | | |
| Fax | _____ | | |

| | |
|---------------------|-----------|
| Date | 9/11/2008 |
| Contact Name | _____ |
| Job Name | _____ |
| Location | _____ |
| Phone | _____ |
| Fax | _____ |

We are Pleased to submit the following quotation:

THIS QUOTATION DOES NOT INCLUDE ANY STATE, LOCAL OR FEDERAL TAXES.
NO PERCENTAGE HOLD-BACK PERMITTED AT THESE PRICES.

| Quantity | Description | Unit Price | TOTAL |
|----------|-------------|------------|-------|
| | | | |

SUBJECT TO ACCEPTANCE WITHIN: **30 DAYS**.
 PRICES SUBJECT TO CHANGE THEREAFTER.

NOTES:

- THE PRICES ABOVE ARE BASED ON "MATERIALS ONLY".
- ANY CHANGES REQUIRE REVISED QUOTE!
- HARDWARE AND/OR ADHESIVE TO BE SUPPLIED BY OTHERS UNLESS SPECIFIED ABOVE.

| | |
|-------------------|--|
| TOTAL | |
| Estimated Freight | |
| Lead Time A.R.O. | |
| F.O.B. | |

**ALL ORDERS OVER \$5,000 REQUIRE A ONE THIRD DEPOSIT WITH APPROVED CREDIT (OR)
 A CERTIFIED BANK LETTER OF CREDIT**

Accepted _____
 by _____
 Date _____

Prepared by _____
 TOM DORRYCOTT, Estimator
 Extension 16