

**COMMERCIAL ACCOUNT SET UP AND AGREEMENT**



**REDI CARPET INC.**  
10101 FOUNTAINGATE DR  
STAFFORD, TX 77477  
PHONE 281-240-2500

DATE: \_\_\_\_\_  
ACCT MGR & BRANCH: \_\_\_\_\_  
PROSPECT #: \_\_\_\_\_  
CUSTOMER CATEGORY (CIRCLE ONE):  
• COMMERCIAL  
• NEW CONST/REHAB  
• REAL ESTATE OWNED NON MF  
• WHOLESALE

Legal name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Trade Name (DBA) \_\_\_\_\_  
Address \_\_\_\_\_ P.O. BOX \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Type: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ LLC \_\_\_\_\_ Date Established \_\_\_\_\_  
If Corporation: Date Incorporated \_\_\_\_\_ State \_\_\_\_\_  
Registered Agent \_\_\_\_\_  
Are you a subsidiary of another corporation? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes: Name \_\_\_\_\_ Address \_\_\_\_\_  
Date Business Started \_\_\_\_\_ No. of employees \_\_\_\_\_  
State Tax Exempt No. \_\_\_\_\_ Attach Certificate \_\_\_\_\_

**NAME OF OWNERS, PARTNERS, OR CORPORATE OFFICERS**

Name	Address	Phone
_____ President/Owner/Partner	_____	( ) _____
_____ S.S. # _____ D.L. # _____ D.O.B. _____	_____	( ) _____
_____ Vice President/ Partner	_____	( ) _____
_____ S.S. # _____ D.L. # _____ D.O.B. _____	_____	( ) _____

**BANKING:**

1) Name \_\_\_\_\_ Acct. No. \_\_\_\_\_ Officer \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_ Do you have any outstanding loans? YES \_\_\_\_\_ NO \_\_\_\_\_

2) Name \_\_\_\_\_ Acct. No. \_\_\_\_\_ Officer \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_ Do you have any outstanding loans? YES \_\_\_\_\_ NO \_\_\_\_\_

**CREDIT REFERENCES:**

	Acct. #	Phone	Fax
1) _____	_____ ( ) _____	( ) _____	( ) _____
2) _____	_____ ( ) _____	( ) _____	( ) _____
3) _____	_____ ( ) _____	( ) _____	( ) _____

Are purchase orders required? YES \_\_\_\_\_ NO \_\_\_\_\_

Credit limit requested \_\_\_\_\_ Will you submit a financial statement? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please send with application or mail ATTN: CREDIT MANAGER. It will be held confidentially.

Accounts payable officer or supervisor \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

1.

I, (WE) UNDERSTAND THAT THE INFORMATION FURNISHED TO YOU ON THIS APPLICATION FOR ACCOUNT IS FOR THE PURPOSE OF OBTAINING, CREDIT FROM YOUR FIRM. I (WE) UNDERSTAND THAT YOUR FIRM MAY AT ANY TIME REFUSE TO GRANT CREDIT TO ME, US, EVEN THOUGH CREDIT IS INITIALLY GRANTED PURSUANT TO THIS APPLICATION. I AM (WE ARE) AUTHORIZED IN MY (OUR) CAPACITY TO BIND MY (OUR) FIRM FOR ANY AND ALL CREDIT WHICH YOU EXTEND TO US. IT IS FURTHER AGREED AND UNDERSTOOD THAT ALL THE ACCOUNTS OR MONIES DUE REDI CARPET INC. SHALL DUE AND PAYABLE AT P.O. BOX 971442 DALLAS, TX 75397 WITH IN THIRTY (30) DAYS OF INSTALLATION; THAT ALL PAST DUE ACCOUNTS, NOTES, OR JUDGMENTS SHALL BEAR INTEREST FROM THE DATE THE INDEBTEDNESS IS FIRST INCURRED UNTIL PAID AT THE MAZIMUM RATE ALLOWED BY LAW. IF THE ACCOUNT OR NOTES ARE PLACED WITH A THIRD PARTY FOR COLLECTION, THEN THE DEBTOR AND HIS GUARANTORS, IF ANY ARE LIABLE FOR REASONABLE ATTORNEY'S FEES AND ALL REASONABLE COSTS INCURRED IN THE COLLECTION OF THE INDEBTEDNESS.

SIGNED BY \_\_\_\_\_ PRINT NAME \_\_\_\_\_  
NAME OF FIRM \_\_\_\_\_ TITLE \_\_\_\_\_  
EMAIL \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

2.

IN CONSIDERATION OF CREDIT BEING EXTENDED TO THE ABOVE-NAMED FIRM. I (WE, IF MORE THAN ONE PERSON IS EXECUTING THIS GUARANTY THEY WILL BE JOINTLY AND SEVERALLY LIABLE) PERSONALLY GUARANTEE ALL INDEBTEDBESS, INTERESTS, COSTS, AND ATTORNEY'S FEES, IN ANY, THAT MAY BECOME DUE. I (WE) FURTHER AGREE THAT THE LIABILITY HEREUNDER IS DIRECT AND PRIMARY. THERE IS NO OBLIGATION ON THE PART OF REDI CARPET INC. TO EXHAUST REMEDIES AGAINST THE ABOVE-NAMED FIRM PRIOR TO ENFORCEMENT OF THE GUARANTY. THIS GUARANTY IS AN ABSOLUTE, COMPLETE AND CONTINUING GUARANTEE, AND NO NOTICE OF INDEBTEDNESS MAY BE ARRANGED, EXTENDED, AND/OR RENEWED WITHOUT NOTICE TO THE GUARANTEE. I (WE) AGREE TO, WITHIN (10) DAYS FROM THE DATE OF DEMAND, PAY ANY AND ALL INDEBTEDNESS WHICH IS OWNED BY THE ABOVE-NAMED FIRM TO REDI CARPET INC. PLUS ALL INTEREST, COSTS, AND ATTORNEY'S FEES, IF ANY, THAT ARE DUE AND OWING.

SIGNED BY \_\_\_\_\_ PRINT NAME/TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ SS# \_\_\_\_\_  
\_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_