

TILES OF THE WORLD



11411 Challenger Ave.

Odessa, Fl, 33556

Phone No. 727-372-2828 Fax No. 727-372-2847

CUSTOMER INFORMATION & REQUEST FOR CREDIT

(All questions MUST be completed)

DATE _____

CORPORATE NAME (if any) _____

TRADE NAME _____ TYPE OF BUSINESS _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____

BILLING ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

PHONE NO. (____) _____ BILLING CONTACT NAME _____

FAX NO. (____) _____

FORMER BUSINESS NAME _____ PHONE NO. (____) _____

NAME OF MORTGAGE COMPANY (if premises are owned) _____ PHONE _____

NAME OF LESSOR (if premises are leased or rent) _____ PHONE _____

INDICATE: (____) RETAILER, (____) TILES CONTRACTOR, (____) BUILDER, (____) OTHER _____

BUSINESS OPERATES AS: ___ Sole Proprietorship ___ Ltd. Partnership ___ Regular Partnership
___ Corporation. (Check One)

IF INCORPORATED: STATE OF INC. _____ DATE OF INCORPORATION _____

LENGTH OF TIME IN BUSINESS _____ CONTRACTORS LICENSE NO. _____

OWNERS OR OFFICERS:

FULL NAME _____ FULL NAME _____

ADDRESS _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

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PHONE NO. (_____) _____ PHONE NO. (_____) _____

SOCIAL SECURITY NO. _____ SOCIAL SECURITY NO. _____

Drivers License No. _____ State _____ Drivers License No. _____ State _____

FEDERAL TAX ID NO. _____ SALES TAX NO. _____ EXEMPT Y/N _____
(If exempt, please attach a copy of Annual Resale Certificate)

ATTACH FINANCIAL STATEMENT IF AVAILABLE

CUSTOMER INFORMATION & REQUEST FOR CREDIT

TRADE REFERENCES:

NAME _____ PHONE NO. (_____) _____

ADDRESS _____ FAX NO. (_____) _____

CITY _____ STATE _____ ZIP _____ ACCOUNT NO. _____

NAME _____ PHONE NO. (_____) _____

ADDRESS _____ FAX NO. (_____) _____

CITY _____ STATE _____ ZIP _____ ACCOUNT NO. _____

NAME _____ PHONE (_____) _____

ADDRESS _____ FAX NO. (_____) _____

CITY _____ STATE _____ ZIP _____ ACCOUNT NO. _____

NAME _____ PHONE NO. (_____) _____

ADDRESS _____ CITY _____

CITY _____ STATE _____ ZIP _____ ACCOUNT NO. _____

In consideration of TILES OF THE WORLD extending credit, I/We do hereby agree jointly and severally to pay for all goods, wares, and merchandise supplied to any of us, and/or the above named business. In the event it becomes necessary to place the account with an attorney for collection we agree to pay all the cost of collection including reasonable attorney fees, and hereby waive our privilege of being sued in the county of our residence and agree that if suit is brought, that venue will be Pasco county, Florida at TILES OF THE WORLD option. We agree to immediately notify TILES OF THE WORLD of any change in ownership, or form of said business.

SIGNED _____ PRINTED NAME _____ TITLE _____

SIGNED _____ PRINTED NAME _____ TITLE _____

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PLEASE NOTE: ATTACHED PERSONAL GUARANTEE AND AUTHORIZATION TO RELEASE BANK INFORMATION MUST BE COMPLETED AND SIGNED.

FOR VALUE RECEIVED, the undersigned endorser(s), do hereby jointly and severally, unconditionally and irrevocably, guarantee TILES OF THE WORLD prompt payment of all amounts due on the account of _____ within 30 days of the date of invoice and waive any requirement that any action be taken against account debtor or other persons liable for the repayment of such sums. I/We waive notice of acceptance, presentment, demand for payment, notice of dishonor, protest, or notice of non-payment, and all other forms of notice whatsoever and diligence in collection with respect to the obligations covered hereunder. I understand that all recover of money unpaid will be my obligation, collection fees, attorney fees, court costs.

PLEASE SIGN AS AN INDIVIDUAL * NOT AS A CORPORATE OFFICER**

YOUR SIGNATURE MUST BE:

NOTARIZED OR WITNESSED BY A TILES OF THE WORLD EMPLOYEE.

NOTARY SIGNATURE OR WITNESSES:

GUARANTOR SIGNATURES:

(Witness Signatures)

(Guarantor Signature---- No Titles)

(Witness Printed Name)

(Guarantor Printed Name --- No Titles)

(Witness Signature)

(Guarantor Signature --- No Titles)

(Witness Printed Name)

(Guarantor Printed name --- No Titles)

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20__.

NOTARY PUBLIC STATE OF FLORIDA.

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BANK RELEASE

BANK NAME _____ CHECKING ACCOUNT NO. _____

SAVINGS ACCOUNT NO. _____

BANK ADDRESS _____ CITY _____

STATE _____ ZIP _____ CONTACT NAME _____

PHONE NO. (_____) _____ FAX NO. (_____) _____

THE UNDERSIGNED HEREBY AUTHORIZES THE ABOVE MENTIONED BANK TO RELEASE TO TILES OF THE WORLD ALL INFORMATION REQUESTED FOR THE PURPOSE OF ESTABLISHING CREDIT. IT IS UNDERSTOOD THAT ALL INFORMATION WILL BE KEPT CONFIDENTIAL BY TILES OF THE WORLD.

DATED THIS _____ DAY OF _____, 20_____.

(NAME OF BUSINESS)

(SIGNATURE OF OWNER, PARTNER, OR CORPORATE OFFICER- WITH TITLE)

(PRINTED NAME OF OWNER, PARTNER, OR CORPORATE OFFICER-WITH TITLE)

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TO WHOM IT MAY CONCERN:

I _____ **AUTHORIZE TILES OF THE WORLD TO CHECK MY
PERSONAL CREDIT.**

MY DATE OF BIRTH IS: _____

(NAME PRINTED)

(SIGNATURE)