



Shelmarc Carpet Mills, Inc.

P.O. Box 811 / 405 N Park Dr Suite 1

Dalton, GA. 30722

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NEW CUSTOMER INFORMATION SHEET AND CREDIT APPLICATION

LEGAL FIRM NAME _____ DATE _____

STREET ADDRESS & P.O. BOX (required) _____

CITY, STATE & ZIP _____

PHONE# _____ FAX# _____ YEAR ESTABLISHED _____

FULL NAME OF OWNER AND PRINCIPLE OFFICERS:

NAME	TITLE	STREET ADDRESS	CITY/STATE/ZIP	TELEPHONE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NAME	TITLE	STREET ADDRESS	CITY/STATE/ZIP	TELEPHONE
_____	_____	_____	_____	_____

TYPE OF BUSINESS: RETAIL _____ WHOLESALE _____ MANUFACTURER _____

BUSINESS DESCRIPTION: _____ CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____

BANK INFORMATION:

NAME	TELEPHONE	TYPE OF ACCOUNT & NO
_____	_____	_____

ADDRESS	CITY / STATE	ZIP	LOAN OFFICER
_____	_____	_____	_____

NAME	TELEPHONE	TYPE OF ACCOUNT & NO
_____	_____	_____

ADDRESS	CITY / STATE	ZIP	LOAN OFFICER
_____	_____	_____	_____

PRINCIPLE SUPPLIERS: (IMPORTANT, GIVE COMPLETE NAME AND STREET ADDRESS AND TELEPHONE #)

1. _____

2. _____

3. _____

In making this application, I/We understand that all charges are due and payable in full at the remittance address stated on the invoice, unless notified in writing to the contrary. All accounts are payable according to the terms shown on each invoice and if not paid on or before said due date, are then delinquent. It is further understood that when payment is not made in accordance with the terms of each invoice, shipment of future orders will be withheld. I/We agree to pay any and all service charges added each month on past due invoices. Terms are F.O.B. shipping point. I/We agree to the above terms and the undersigned is/are responsible for payment of the account. In the event checks are returned on the account due to insufficient funds or any other reason, I/We agree to pay a reasonable service charge. I/We do further agree that if my/our account must be placed in the hands of an attorney or collection agency, or if collection is made through probate proceedings, I/We agree to pay a reasonable amount in attorney's fees and/or collection costs. In the event any dispute arises between Applicant and Shelmarc, each agrees that all disputes between the parties shall be resolved in the Superior Court of Whitfield County, Georgia, and each expressly consents to jurisdiction and venue thereat. I/We further agree that we will inform your company of any change in ownership or status as noted above.

AUTHORIZED CUSTOMER SIGNATURE TITLE SOCIAL SECURITY # / F.I.N

SHELMARC SALES AGENT TERRITORY