



# MIDWEST FLOOR COVERINGS, INC.

P O Box 65768 Salt Lake City, UT 84165 Phone (801) 972-1125 12450  
West Executive Drive Boise, ID 83713 Phone (208) 323-8844 14550 East  
38th Avenue Aurora, CO 80011 (303) 307-8400

## APPLICATION FOR ACCOUNT

CREDIT FAX #: 801-990-6532

<b>Open Account</b>	<b>COD Account</b>	<u>Account</u>
		<u>Salesperson</u>
*Business Name		<u>Date</u>

\*Billing Address \_\_\_\_\_ \*City \_\_\_\_\_

\*State \_\_\_\_\_ \*Zip \_\_\_\_\_ \*Phone # \_\_\_\_\_ \*Fax # \_\_\_\_\_

\*Shipping Address \_\_\_\_\_ \*City \_\_\_\_\_

\*State \_\_\_\_\_ \*Zip \_\_\_\_\_ \*Phone # \_\_\_\_\_ \*Fax # \_\_\_\_\_

\*CHECK ALL THAT APPLY:  
PRODUCT INTERESTS    Flooring    Cabinets    Laminate    Countertops    Installation Supplies

*TYPE OF OWNERSHIP:	Years in Business	Driver's License #	Federal ID#
CORPORATION			
PARTNERSHIP	<u>Are Purchase Orders Required?</u>		Tax Exempt?    Yes    No
PROPRIETORSHIP	Yes	No	<u>Exemption #</u>
LLC			Exemption form must be completed

**REQUIRED FULL NAMES OF ALL PRINCIPAL(S)/ OWNER(S) and /or PARTNER(S)\*** (Attach additional info as necessary)

\*Name \_\_\_\_\_ \*Title \_\_\_\_\_

Social Security Number \_\_\_\_\_ \*Home Phone \_\_\_\_\_

\*Home Address \_\_\_\_\_

\*Name \_\_\_\_\_ \*Title \_\_\_\_\_

Social Security Number \_\_\_\_\_ \*Home Phone \_\_\_\_\_

\*Home Address \_\_\_\_\_

\*Name \_\_\_\_\_ \*Title \_\_\_\_\_

Social Security Number \_\_\_\_\_ \*Home Phone \_\_\_\_\_

\*Home Address \_\_\_\_\_

<b>BANK REFERENCE</b>	<b>Name of Contact</b>
Location _____	Phone # _____

**Principal Suppliers or References (provide name, address, & phone number)** \*3 REFERENCES REQUIRED FOR CREDIT\*

Reference #1 \_\_\_\_\_

Reference #2 \_\_\_\_\_

Reference #3 \_\_\_\_\_

I hereby apply for credit to MIDWEST FLOOR COVERINGS, INC., 810 West 2500 South, Salt Lake City, UT 84119. Payments are to be mailed to P O Box 65768, SLC UT 84165. It is understood that if this account is opened I will pay all billings when due as directed by MWFC, Inc. and I understand if payments are not made interest shall accrue on the monthly outstanding balance at a rate of 1.75% per month to be accrued before and after judgment until paid. If it is necessary for MWFC to use legal action or the services of a collection agency to collect our account, I agree to pay all reasonable expenses including incurred attorney's fees and court costs. Any suit to collect monies due may be brought at Midwest's option, in Salt Lake County, Utah. We understand a handling charge will be assessed for any merchandise authorized for return. Any bona-fide employee of our company may sign for merchandise unless otherwise stated in writing to MWFC. Payments may be applied as against open charges in the discretion of Creditor. I hereby authorize you or your representative to secure a credit report and agree to the release of credit information. In the event that the undersigned is an individual, the signing of this agreement shall give authorization to Creditor to utilize consumer credit reporting agencies reports to evaluate the extension of business credit. This authorization shall be continuing without expiration and a photo copy or fax copy shall be given the same effect as the original.

\_\_\_\_\_ \*COMPANY NAME

SIGNATURE REQUIRED TO PROCESS  
\_\_\_\_\_ \*SIGNATURE

\*REQUIRED FIELDS  
\_\_\_\_\_ \*PLEASE PRINT

**Midwest Floor Coverings, Inc.**  
Salt Lake City, UT - Boise, ID - Denver, CO

**CONTINUING GUARANTY**

In order to induce MIDWEST FLOOR COVERINGS, Inc., a Utah corporation, hereinafter "Midwest", to extend credit to sell on open account to, or otherwise become a creditor of \_\_\_\_\_ hereinafter referred to as "Debtor", the undersigned jointly and severally agrees to absolutely and unconditionally guarantee the prompt payment, without set-off, of any indebtedness, claims, to obligations, liabilities, and monies due Midwest by Debtor. This Continuing Guaranty shall remain in force and all amounts due under the account of Debtor until Midwest has received written notice closing the Debtor's account or terminating this Guaranty mailed U.S. certified return. The undersigned liability hereunder shall remain fully effective as to all claims of liabilities arising, incurred, or related to transactions substantially completed prior to such revocation. In connection with this guaranty, the undersigned agrees to pay all costs incurred by Midwest in collecting sums owed by Debtor or the undersigned, including attorney's fees. Any suit to collect monies due may be brought at Midwest's option in Salt Lake County, Utah.

The revocation of co-guarantor, the release of any security, or the release or settlement of any claim against the Debtor or a co-guarantor shall not affect or modify the liability of the undersigned. The undersigned waives presentment or notice of dishonor or demand. This guaranty shall be binding upon their respective heirs, executors, administrators, successors, and assigns.

I/We hereby authorize you or your representative to secure a consumer credit report and agree to the release of credit information. A photo copy or fax copy shall be given the same effect as the original.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name – Personally

\_\_\_\_\_  
Signature – Personally

Social Security# \_\_\_\_\_

\_\_\_\_\_  
Witness

**NOTICE**

The federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission.

**Do not send this form to the Streamlined Sales Tax Governing Board. Send the completed form to your supplier and keep a copy for your records.**

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possible civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

**1. Check if you are attaching the Multistate Supplemental form.**

**If not, enter the two-letter abbreviation** for the state under whose laws you are claiming exemption.

**2. Check if this certificate is for a Single Purchase Certificate.** Enter the related invoice/purchase order # \_\_\_\_\_.

**3. A. Name of purchaser** \_\_\_\_\_

**B. Business address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip code** \_\_\_\_\_

**C. Purchaser's tax ID number** \_\_\_\_\_ **State of Issue** \_\_\_\_\_ **Country of Issue** \_\_\_\_\_

**D. If no tax ID number, enter one of the following: FEIN** \_\_\_\_\_

**E. Driver's License Number/State Issued ID number** \_\_\_\_\_ **State of Issue** \_\_\_\_\_

**F. Foreign diplomat number** \_\_\_\_\_

**G. Name of seller from whom you are purchasing, leasing or renting** \_\_\_\_\_

**H. Seller's address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip code** \_\_\_\_\_

Print or type

**4. Purchaser's Type of business.** Circle the number that best describes your business.

- |   |                                       |
|---|---------------------------------------|
| 01 Accommodation and food services            | 11 Transportation and warehousing     |
| 02 Agriculture, forestry, fishing, hunting    | 12 Utilities                          |
| 03 Construction                               | 13 Wholesale trade                    |
| 04 Finance and insurance                      | 14 Business services                  |
| 05 Information, publishing and communications | 15 Professional services              |
| 06 Manufacturing                              | 16 Education and health-care services |
| 07 Mining                                     | 17 Nonprofit organization             |
| 08 Real estate                                | 18 Government                         |
| 09 Rental and leasing                         | 19 Not a business                     |
| 10 Retail trade                               | 20 Other (explain) _____              |

Circle type of business

**5. Reason for exemption.** Circle the letter that identifies the reason for the exemption.

- |  |   |
|--|---|
| A Federal government (Department) _____  | H Agricultural Production # _____             |
| B State or local government (Name) _____ | I Industrial production/manufacturing # _____ |
| C Tribal government (Name) _____         | J Direct pay permit # _____                   |
| D Foreign diplomat # _____               | K Direct Mail # _____                         |
| E Charitable organization # _____        | L Other (Explain) _____                       |
| F Religious organization # _____         | M Educational Organization # _____            |
| G Resale # _____                         |   |

Circle or check reason for exemption

**6. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.**

Signature of authorized purchaser \_\_\_\_\_ Print name here \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Sign here

Name of Purchaser \_\_\_\_\_

State	Reason for exemption	Identification number (if required)
AR	_____	_____
GA	_____	_____
IA	_____	_____
IN	_____	_____
KS	_____	_____
KY	_____	_____
MI	_____	_____
MN	_____	_____
NC	_____	_____
ND	_____	_____
NE	_____	_____
NJ	_____	_____
NV	_____	_____
OH	_____	_____
RI	_____	_____
OK	_____	_____
SD	_____	_____
TN	_____	_____
UT	_____	_____
VT	_____	_____
WA	_____	_____
WI	_____	_____
WV	_____	_____
WY	_____	_____

*SSUTA Direct Mail provisions are not in effect for Tennessee.*

The following nonmember states will accept this certificate for exemption claims that are valid in their respective state. SSUTA Direct Mail provisions do not apply in these states.

State	Reason for exemption	Identification number (if required)
XX	_____	_____
XX	_____	_____
XX	_____	_____
XX	_____	_____
XX	_____	_____