

CREDIT APPLICATION

BILL TO INFORMATION			
Company Name:		Phone #:	
Mailing Address:		Facsimile #:	
Physical Address:		City:	State: Zip:
PLEASE PRINT OR TYPE <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship			
Tax Status: <input type="checkbox"/> Taxable <input type="checkbox"/> Exempt (Attach Certificate)			
Federal I.D. Number:			
Principal(s):		Phone#:	
SS#:	DL#:	State:	
Principal(s):		Phone#	
SS#	DL#	State:	
MINIMUM OF FOUR REFERENCES			
Company Name/Account No.	City	State	Phone # w/ Area Code
Lumber / Supplier			
Brick / Concrete			
HVAC			
Floor/Carpet / Supplier			
Appliances / Supplier			
Other			
FINANCIAL INFORMATION			
Name of contact person:			
Email address:			
Bank Name & Address		City:	State: Zip:
Phone #	Officer Contract	Checking Account #:	
Bank Name and Address		City:	State: Zip:
Phone #	Officer Contract	Checking Account #:	

↔ BUILDERS ONLY-COMplete ADDITIONAL JOB INFORMATION ON REVERSE SIDE ↔

The undersigned hereby certifies the above furnished information is true and correct to the best of his knowledge and authorizes, by signature below, that all credit information to be supplied to Kitchen and Bath Creations LLC, or any of its affiliates, as part of their normal credit investigation process and file update. It is also understood that Kitchen and Bath Creations LLC, or any of its affiliates may impose a late fee of one (1) percent a month on any past due balances and that undersigned will pay all costs of collection including reasonable attorney's fee of 20%. The undersigned agrees that if credit is granted to the undersigned by Kitchen and Bath Creations LLC, or any of its affiliates, the undersigned will be responsible for all invoices as presented.

Kitchen and Bath Creations, LLC Terms of Sale Net 30 Days

Signature and Title	Date	Signature and Title	Date
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In consideration of the granting by Kitchen and Bath Creations LLC, or any of its affiliates, to the persons or companies to whom credit is extended pursuant to the above application, the undersigned unconditionally, jointly, and severally, guarantee(s) payment of all purchases made by said persons or companies. In addition, the undersigned guarantee(s) payment of any late fees and costs of all collection including a reasonable attorney's fee. The undersigned waive(s) notice of acceptance of this guarantee and notice of any default and demand of every kind, nature and description and waive(s) notice of the accrual of any obligation or liability of any such persons or companies of the undersigned. This shall be a continuing guarantee and shall not be affected by any extension of time, payment, modifications or additions.

Signature Only	Date	Print Name	Date
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JOB INFORMATION

Bill To Name: (_____)

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PROJECT			
Job Name:		Phone #:	
Legal Description of Property:		(Attach Applicable Notice)	
Street Address:			
City:	County:	State:	Zip:
Type of Project:	# of Units	Lot/Block	
Tax Status of Project:	<input type="checkbox"/> Taxable	<input type="checkbox"/> Exempt (Attach Certificate)	
Job Contact:		Office Contact:	
PROPERTY OWNER			
Name:		Phone #:	
Street Address:		City:	State: Zip:
Office Contact:			
GENERAL CONTRACTOR			
Name:		Phone #:	
Street Address:		City:	State: Zip:
License #:		Bond #:	
Office Contact:			
PROJECT FUNDED BY			
Name:		Officer Contact:	
Street Address:		City:	State: Zip:
Phone #:		Fax #:	
BONDING COMPANY			
Name:		Officer Contact:	
Street Address:		City:	State: Zip:
Type of Bond:	<input type="checkbox"/> Payment	<input type="checkbox"/> Performance	<input type="checkbox"/> License <input type="checkbox"/> Payment & Performance
Bond Amount \$ _____ (Attach Copy)		Bond #:	
Phone #:		Fax #:	

 Signed Original Credit Application Must Be Returned Prior To Shipping Any Merchandise 

INTERNAL USE ONLY	
Please Indicate Customer Type:	
<input type="checkbox"/> MB – Multi Family Builder <input type="checkbox"/> TB – Tract Builder <input type="checkbox"/> GT – Government Funded <input type="checkbox"/> RT – Cash Customer <input type="checkbox"/> SB – Single Family Builder <input type="checkbox"/> AR – Apartment Renovation <input type="checkbox"/> RM – Remodeler	
Opening Order \$	
Requested Line of Credit \$	
Contract Amount \$	
Salesperson:	Sales Code:
Approved Credit Limit: \$	Comments
Approved By:	Date: