

STANTON

Carpet + Custom Rugs + Runners + Luxury Vinyl

ACCOUNT INFORMATION

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Our policy requires that the information below be completed in its entirety in order that you may establish an account with our company.

Stanton Sales Rep _____ Date _____

Legal Business Name: _____

Trade Name(s) or DBA(s): _____

Mailing Address: _____

Physical Location: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

Email Address: _____ Federal ID No. _____

Date Company Started _____ (check one): Corporation Proprietorship Partnership

New Ownership: Yes ___ No ___ **Number of Locations** _____

Please complete the following for all corporate officers, partners or an individual:

Name & Title: _____ Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Name & Title: _____ Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Tax Exempt Number (Must Complete Sales Tax Exemption Form): _____

TYPE OF ACCOUNT REQUESTED

PBD (Payment Before Delivery – Either ACH, Cashier's Check, Money Order, wire transfer or Credit Card-
(**Visa, Master card and American Express are accepted**))

Open Credit Line (Amount of Line Requested - Net 30 Days) \$ _____

*****STANTON CARPET IS NOW PAPERLESS FOR DISTRIBUTION OF INVOICES AND STATEMENTS OF ACCOUNT. PLEASE PROVIDE THE EMAIL ADDRESS BELOW TO SEND INVOICES AND STATEMENTS**

Email Address _____

Accounts Payable Contact _____

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BANK INFORMATION

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Name of Bank: _____ Contact: _____
Mailing Address: _____ Acct. #: _____
City, State, Zip: _____ Acct. #: _____
Phone Number: _____ Acct. #: _____

TRADE REFERENCES

Reference 1

Company Name: _____
Mailing Address: _____ Fax #: _____
City, State, Zip: _____ Phone #: _____

Reference 2

Company Name: _____
Mailing Address: _____ Fax #: _____
City, State, Zip: _____ Phone #: _____

Reference 3

Company Name: _____
Mailing Address: _____ Fax #: _____
City, State, Zip: _____ Phone #: _____

Current Financial Statement Attached: Yes No

Legal Business Name(s): _____

Brands: _____ Stanton _____ Antrim _____ Rosecore _____ Crescent _____ Hibernia

Type of Business: **Must Check One:**

Retail Flooring Store _____ Architect _____ Catalogue Retailer _____ Wholesaler _____
Decorator Supply _____ Design Firm _____ Distributor _____ Patio Store _____
Furniture/Patio Store _____ Government _____ Home Furnishing Retailer _____
Contractor _____ Builder _____ Department Store _____ Home Center _____

For Sales Rep Use Only: Rlead YES NO

*Submitted by: _____ *Date: _____

Authorized Signature: _____ ** (must be owner or officer of company)

Application must be signed*****All information given will be held in the strictest confidence and used only for authorized purposes.

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Dear Valued Customer:

Please complete Section A & C if your purchases should be exempt from sales tax. Provide all state registration numbers as necessary. Do not send copies of your Registration Certificates or State Permits, as they are not valid for sales exemption. If you should be charged tax, complete section B and C only, sign, date and return this form. Return this form immediately via mail to the following address:

Stanton Carpet Corporation
100 Sunnyside Blvd. Ext. Suite 100
Woodbury, New York 11797

SECTION A: Blanket Resale and Exemption Certificate

(Please Check One)

This is to certify that all material, merchandise, or goods purchased by the undersigned is purchased for the following purposes:

- Resale as tangible personal property.
 Materials for further processing, manufacture or conversion into article of tangible personal property.
 To be exported for sale, use of consumption outside the continental limits of the United States organization as exempt by law, and supported by official purchase orders.
 Direct Pay Permit as authorized and issued by the state.
 other- Please explain: _____

SECTION B: Taxable at Source

I prefer to be taxed at the source, Please charge sales tax on all purchases.

SECTION C: Business Type

Kind of Business Engaged In by Purchaser:

Purchasers Name: _____
State Tax identification Number or Sales Permit Numbers: _____
State of _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____ **Date:** _____
Title: _____ Phone #: _____

THIS FORM MUST BE SIGNED

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PERSONAL GUARANTEE

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In consideration of the sale of goods by **Stanton Carpet Corporation., (Stanton)** 100 Sunnyside Blvd. Ext. Suite 100 Woodbury, NY 11797. (**Debtor**) and other good and valuable consideration, the undersigned, hereby guarantee(s) prompt remittance of payment, of all claims and demands of **Stanton**, now existing and hereafter arising, against **Debtor**, including but not limited to, open account obligations from the sale of goods by **Stanton**, to **Debtor**. The sale of such goods shall be deemed to arise when goods ordered by **Debtor** have been shipped or, in the case of custom goods, have been substantially completed by **Stanton**.

For purposes of the Guarantee, payment of said claims and demands shall be due in accordance with the terms of any and all agreements between **Stanton**, and **Debtor** with respect to said claims and demands, and in addition, payment of all said claims and demands shall, at the option of **Stanton**, become immediately due, at any time when (1) **Debtor** defaults in any way of its obligations to **Stanton**; (2) a petition under any Chapter of the Bankruptcy code, or for the appointment of a receiver of any part of the property of **Debtor**; (3) **Debtor** makes a general assignment for the benefit of its creditors, suspends business, or commits or suffers any act of event amounting to a business failure; or (4) an attachment or judgment lien is levied on, or a tax lien is filed against, any property of **Debtor** or any property treated under law as if were **Debtor's**.

This is an absolute, unconditional, and continuing guarantee and will remain in full force and effect until revoked by written notice received and acknowledged in writing by an officer of **Stanton**. Any revocation will not affect then existing liabilities of the undersigned hereunder, nor will it affect the liability of any of the undersigned, who have not given such notice, for any such claims and demands arising thereafter. This guarantee will extend to and cover renewals of the claims and demands guaranteed hereby and extensions of time for the payment thereof and will not be affected by any extension or change of the time of payment of my surrender, exchange, acceptance, or released by **Stanton**, of any other guarantee or security held by it for any such claims or demands. In the event of receipt of a written request from any of the undersigned, **Stanton**, will provide that person with current information regarding the amount of the indebtedness then owed to **Stanton Carpet Corp.** by **Debtor**.

Notice of acceptance of this guarantee, notice of extensions of credit to **Debtor**, notice of the sale and delivery of goods to **Debtor**, notice of default, diligence, presentment, protest, demand for payment, and notice of demand or protest are hereby waived. **Stanton**, in its sole arbitrary discretion may determine the reasonableness of the period which may elapse prior to making a demand for payment against **Debtor**, and **Stanton**, need to exhaust any of its remedies against **Debtor** or any security for the claims and demands guaranteed hereby before having recourse against the undersigned under this guarantee.

The undersigned shall reimburse **Stanton**, on demand, for all expenses, including reasonable attorney's fees, incurred by **Stanton**, in the enforcement or attempted enforcement of any **Stanton's**, rights hereunder against any of the undersigned.

This guarantee will be governed by and construed in accordance with the laws of the State of New York. It will be binding upon undersigned and personal representatives, heirs, and assigns therefore and will insure to the benefit of **Stanton**, and its successors and assigns. If this guarantee is signed by more than one person, their obligation hereunder will be joint and several.

Signed as individual, not as officer
Date_____

Signed as individual, not as officer
Date_____

Witness
Date_____

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STANTON B2B Web Portal Authorized Super User(s)

In order to help us better facilitate your access to Stanton's B2B Web Portal, please list the name(s) of your store's management that will have **full administrative rights** to our B2B Web Portal. You will receive an email with your user credentials once your Stanton customer account has been created.

User 1:

First Name: _____ Last Name: _____

Email Address: _____

User 2:

First Name: _____ Last Name: _____

Email Address: _____

User 3:

First Name: _____ Last Name: _____

Email Address: _____

User 4:

First Name: _____ Last Name: _____

Email Address: _____

For Internal Use Only:

Attention Credit Department: Please forward this page to the programming department with the customer account number:

Account Name...: _____

Account Number: _____