

### 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

|  |                  | CREDIT FAX: 801-990-0 |                        |            | I-033Z              |             | Salespe  |              |        |
|--|------------------|-----------------------|------------------------|------------|---------------------|-------------|----------|--------------|--------|
| *Business Name   |                  |                       |                        |            |                     |             | Date     | 13011        |        |
| *Billing Address   |                  |                       |                        | *City      |                     |             |          |              |        |
| *State   | *Zip             |                       | *Phone # ( )           |            |                     | *Fax # (    | )        |              |        |
| *Shipping Address  |                  |                       |                        | *City      |                     |             |          |              |        |
| *State   | *Zip             |                       | *Phone # ( )           |            |                     | *Fax # (    | )        |              |        |
| CHECK ALL THAT APPLY:<br>PRODUCT INTERESTS                         | ( ) Flooring     | ( ) Cabinets          | ( ) Laminate           | ( ) Coun   | tertops             | ( ) Install | ation Su | upplies      |        |
| TYPE OF OWNERSHIP:<br>CORPORATION<br>PARTNERSHIP<br>PROPRIETORSHIP | Years            | in Business           | Driver's Licen         | se#        |                     | Federa      | ıl ID#   |              |        |
|  | ( )              | Are Purchase C<br>Yes | Orders Required?<br>No |            | Tax Exen<br>Exempti | on #        | Yes      | No           |        |
| LLC  | ( )              |                       |                        |            | Exemption           | on form mu  | ust be c | ompleted     |        |
| REQUIRED FULL NAMES (  | OF ALL PRINCIPAL | (S)/ OWNER(S) and /   | or PARTNER(S)*         | (Attach a  | dditional ii        | nfo as nece | ssary)   |              |        |
| *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  |                  |                       |                        |            |                     |             |          |              |        |
| BANK REFERENCE   |                  |                       | Name                   | of Contact |                     |             |          |              |        |
| Location   | Phone #          |                       |                        |            |                     |             |          |              |        |
| Principal Suppliers or R   | eferences (pro   | vide name, addres     | s, & phone numbe       | er)        | *3 REF              | ERENCES     | REQL     | JIRED FOR CF | REDIT* |
| Reference #1   |                  |                       |                        |            |                     |             |          |              |        |
| Reference #2   |                  |                       |                        |            |                     |             |          |              |        |
|  |                  |                       |                        |            |                     |             |          |              |        |

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     |  |  |
| *PI FASE PRINT |  |  |

SIGNATURE REQUIRED TO PROCESS

\*REQUIRED FIELDS

Reference #3

## **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 a  | ccount to, or otherwise  | become a creditor  |
| of   |  |  |
| This Continuing Guaranty shall remain in force received written notice closing the Debtor's a undersigned liability hereunder shall remain transactions substantially completed prior to | ess, claims, to obligations to and all amounts due un account or terminating the fully effective as to all classes are such revocation. In conting sums owed by Debt | i, liabilities, and monies due Midwest by Debtor. under the account of Debtor until Midwest has his Guaranty mailed U.S. certified return. The aims of liabilities arising, incurred, or related to nection with this guaranty, the undersigned agrees or or the undersigned, including attorney's fees. |
| Debtor or a co-guarantor shall not affect or mor notice of dishonor or demand. This guaran successors, and assigns.  | nodify the liability of the<br>aty shall be binding upor<br>epresentative to secure  | or the release or settlement of any claim against the undersigned. The undersigned waives presentment their respective heirs, executors, administrators, a consumer credit report and agree to the release ne effect as the original.  |
| Dated this   | day of   | , 20   |
|  | Name – Personally  |  |
|  | Signature – Personal   | lly  |
|  | Social Security  | y#   |
| 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.

DR 0563 (01/05/04)

COLORADO DEPARTMENT OF REVENUE
1375 SHERMAN STREET
DENVER COLORADO 80261

# SALES TAX EXEMPTION CERTIFICATE MULTI - JURISDICTION

See reverse side for instructions.

| Issued to (Selle  | er)  | Address               |                                |                          |                |  |               |  |                  |                      |                          |             |
|---|--|-----------------------|--------------------------------|--------------------------|----------------|--|---------------|--|------------------|----------------------|--------------------------|-------------|
|   |  |                       |                                |                          |                |  |               |  |                  |                      |                          |             |
|   | Name of Firm (Buyer)   |                       |                                |                          |                |  |               |  |                  |                      |                          |             |
| I<br>CERTIFY<br>THAT  | Street Address or Post Office Box Number                     |                       |                                |                          |                |  |               |  |                  |                      |                          |             |
| ITAI  | City   | State                 |                                | ZI                       | P Code         |  |               |  |                  |                      |                          |             |
|   | WHOLESALER RETAILER MANUFA                                   | ACTURER LES           | SOR*(See note on reverse side) | CHARITABL                | E OR RELIGIOUS |  |               |  |                  |                      |                          |             |
| QUALIFIES   | POLITICAL SUBDIVISION OR GOVERNMENTAL AGENCY OTHER (Specify) |                       |                                |                          |                |  |               |  |                  |                      |                          |             |
| AS (Check each applicable item)  1) and is registered with the below listed states and cities within which your firm would deliver purchases to us which are for resale or lease by us in normal course of our business which is or   |  |                       |                                |                          |                |  |               |  |                  |                      |                          |             |
|   |  |                       |                                |                          |                |  |               | POLITICAL SUBDIVISION OR GOVERNMENTAL AGENCY | OTHERWISE EXEMPT | BY STATUTE (SPECIFY) |                          | <del></del> |
|   |  |                       |                                |                          |                |  | City or State | State Registration or ID Number              | City or Sta      | ate                  | State Registration or ID | Number      |
| City or State   | State Registration or ID Number                              | City or Sta           | ate                            | State Registration or ID | Number         |  |               |  |                  |                      |                          |             |
| City or State   | State Registration or ID Number                              | City or Sta           | ate                            | State Registration or ID | Number         |  |               |  |                  |                      |                          |             |
|   | If the list of states and cities                             | s is more than six (6 | i), attach a list to this ce   | ertificate.              |                |  |               |  |                  |                      |                          |             |
| I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state. |  |                       |                                |                          |                |  |               |  |                  |                      |                          |             |
| General description of products to be purchased from the seller   |  |                       |                                |                          |                |  |               |  |                  |                      |                          |             |
|   |  |                       |                                |                          |                |  |               |  |                  |                      |                          |             |
|   |  |                       |                                |                          |                |  |               |  |                  |                      |                          |             |
|   |  |                       |                                |                          |                |  |               |  |                  |                      |                          |             |
|   |  |                       |                                |                          |                |  |               |  |                  |                      |                          |             |
| Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.  |  |                       |                                |                          |                |  |               |  |                  |                      |                          |             |
| Authorized Sigr   | nature (Owner, Partner or Corporate Officer)                 |                       | Title                          |                          | Date           |  |               |  |                  |                      |                          |             |
|   |  |                       |                                |                          |                |  |               |  |                  |                      |                          |             |

#### TO OUR CUSTOMERS:

In order to comply with the majority of state and local sales tax law requirements, it is necessary that we have in our files a properly executed exemption certificate from all of our customers who claim sales tax exemption. If we do not have this certificate, we are obligated to collect the tax for the state in which the property is delivered.

If you are entitled to sales tax exemption, please complete the certificate and send it to us at your earliest convenience. If you purchase tax free for a reason for which this form does not provide, please send us your special certificate or statement.

\*LESSOR: A form DR 0440, "Permit to Collect Sales Tax on the Rental or Lease Basis" must be completed and submitted to the Department of Revenue for approval.

**CAUTION TO SELLER:** In order for the certificate to be accepted in good faith by the seller, the seller must exercise care that the property being sold is of a type normally sold wholesale, resold, leased, rented, or utilized as an ingredient or component part of a product manufactured by the buyer in the usual course of his business. A seller failing to exercise due care could be held liable for the sales tax due in some states or cities.

Misuse of this certificate by the seller, lessor, buyer, lessee, or the representative thereof may be punishable by fine, imprisonment or loss of right to issue certificates in some states or cities.