

ROMA TILE COMPANY, INC.
 400 Arsenal St. Watertown, Ma. 02472-2842
CREDIT APPLICATION

DATE OF APPLICATION	<i>APPLICANT INFORMATION</i>		
NAME	D/B/A IF APPLICABLE		YEAR FOUNDED
ADDRESS	CITY	STATE	ZIP
TELEPHONE #	FAX #	FEDERAL ID # OR SOC. SEC. #	YEARS AT THIS ADDRESS
WHICH CATEGORY BEST DESCRIBES YOUR BUSINESS <input type="checkbox"/> TILE SHOWROOM <input type="checkbox"/> TILE CONTRACTOR <input type="checkbox"/> FLOOR COVERING/CARPET <input type="checkbox"/> BUILDER <input type="checkbox"/> GENERAL CONTRACTOR <input type="checkbox"/> OTHER _____			
<i>OWNERSHIP INFORMATION</i>			
TYPE OF OWNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION YEAR & STATE OF INC. _____			
PRINCIPAL'S NAME	TITLE	SOC. SEC. #	% OF OWNERSHIP
HOME ADDRESS	CITY	STATE, ZIP CODE	HOME TELEPHONE
PRINCIPAL'S NAME	TITLE	SOC. SEC. #	% OF OWNERSHIP
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PRINCIPAL'S NAME	TITLE	SOC. SEC. #	% OF OWNERSHIP
HOME ADDRESS	CITY	STATE, ZIP CODE	HOME TELEPHONE
<i>TRADE & BANK REFERENCES</i>			
TRADE REFERENCE #1	ACCT. #	TELEPHONE #	FAX #
ADDRESS	CITY	STATE, ZIP CODE	CONTACT
HIGH CREDIT	TERMS	YEARS DOING BUSINESS	COMMENTS
TRADE REFERENCE #2	ACCT. #	TELEPHONE #	FAX #
ADDRESS	CITY	STATE, ZIP CODE	CONTACT
HIGH CREDIT	TERMS	YEARS DOING BUSINESS	COMMENTS
TRADE REFERENCE #3	ACCT. #	TELEPHONE #	FAX #
ADDRESS	CITY	STATE, ZIP CODE	CONTACT
HIGH CREDIT	TERMS	YEARS DOING BUSINESS	COMMENTS
BANK REFERENCE	BRANCH	LOAN OFFICER OR CONTACT	ACCT. #
ADDRESS	CITY	STATE, ZIP CODE	TELEPHONE #

MISCELLANEOUS

ARE YOU RATED BY D & B?	CREDIT LIMIT REQUESTED	ESTIMATED MONTHLY PURCHASES	NATURE OF BUSINESS	# OF YEARS UNDER PRESENT NAME
HAVE ANY PERSONS, NAMED ABOVE, OR ANY COMPANY OWNED BY ANY OF THEM BEEN DECLARED BANKRUPT OR IN RECEIVERSHIP? ___ YES ___ NO IF YES PLEASE LIST COMPANY NAME AND WHICH PARTIES FROM ABOVE WERE INVOLVED.				
ARE YOU TAXABLE? ___ YES ___ NO				
IF YOU ARE NON-TAXABLE PLEASE ATTACH A COMPLETED MASS. DEPARTMENT OF REVENUE FORM ST-4 (OR A FORM FROM YOUR STATE AGENCY) AND A COPY OF YOUR RESALE CERTIFICATE.				
PLEASE LIST ANY OTHER INFORMATION /COMMENTS THAT YOU WOULD LIKE US TO CONSIDER IN GRANTING YOU CREDIT.				
Please Be Sure That Application Is Completely Filled Out, Otherwise It Will Not Be Processed.				

I the undersigned acting on behalf of _____, agree to:

1. Authorize you to verify/check my credit history.
2. Pay Roma Tile Company, Inc. all invoices according to terms set by Roma Tile Co., Inc.
3. Pay finance charges at a rate of 1 1/2% per month (18% per year) on all invoices that are past due.
4. Pay any and all costs of collection, including but not limited to attorneys fees, court costs, interest charges and fees incurred with the collection of all outstanding amounts owed.
5. Immediately notify Roma Tile Co., Inc., in writing, of any change in ownership.

Signature (IF CORP. PRESIDENT OR TREASURER ONLY)	Printed Name	Title	Date
Signature (IF CORP. PRESIDENT OR TREASURER ONLY)	Printed Name	Title	Date

GUARANTY

In consideration of your having agreed, at my request, to sell goods to _____, of _____, and other valuable consideration received the undersigned hereby unconditionally guarantees to you the prompt payment of such sum or sums of money as may at any time, herein or hereafter become due to you for any goods sold to the aforesaid party. I hereby waive presentment, demand, protest or notice of any kind whatsoever. In addition the undersigned further agrees to pay all expenses, including reasonable attorneys fees, paid or incurred by you in collecting or endeavoring to collect said money or any part thereof or in enforcing this guaranty. I understand that you may choose to pursue the undersigned without first pursuing the original obligor(s).

Executed under seal this _____ day of _____, 19____.

Signature	Signature
Printed Name	Printed Name
Social Security #	Social Security #

Witnessed By:

Signature

Printed Name

Office Use Only

Date received _____	D & B report _____	Approved by _____	
Sales # _____	F/C _____	Credit limit _____	
Requests mailed _____	Rejected _____	Date approved _____	