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CREDIT APPLICATION

Legal Name

Trade Name

Address

City

State

Zip Code

Telephone Number

Fax Number

E-mail Address

Federal ID Number

Officer Names

Individual Partnership Corporation

If Incorporated, State of Incorporation _____

State Amount of Credit Line Requested _____

**PLEASE ENCLOSE A COPY OF YOUR
YEAR END FINANCIAL STATEMENT**

PLEASE COMPLETE BOTH PAGES AND FAX TO (706) 277 - 6236

TRADE & BANK REFERENCE

(1) Company Name Account Number Contact Name

Address City State Zip Code

Telephone Number Fax Number

(2) Company Name Account Number Contact Name

Address City State Zip Code

Telephone Number Fax Number

(3) Company Name Account Number Contact Name

Address City State Zip Code

Telephone Number Fax Number

Bank Name Account Number Contact Name

Address City State Zip Code

Telephone Number Fax Number

ALL FIELDS MUST BE COMPLETE AND APPLICATION SIGNED BY AUTHORIZED PERSONNEL. PERMISSION IS HEREWITH GRANTED TO US, GMAC COMM., BB&T CO. AND CIT COMM. TO OBTAIN CREDIT INFORMATION FROM ALL VENDORS AND BANK REFERENCES. THE FINANCIAL INFORMATION SUBMITTED IN SUPPORT OF THIS ACCOUNT IS TRUE AND COMPLETE IN ALL RESPECTS. ALL INFORMATION WILL BE KEPT IN STRICT CONFIDENCE.

Signature

Title

Date