

# STARK

## CONFIDENTIAL ACCOUNT APPLICATION ALL NEW ACCOUNTS ARE PROFORMA ACCOUNTS

*\*Required Fields*

### **COMPANY INFORMATION**

Federal ID# \_\_\_\_\_

\*Company Name \_\_\_\_\_

\*Contact \_\_\_\_\_

\*Billing Address \_\_\_\_\_

\*City \_\_\_\_\_

\*State \_\_\_\_\_

\*Zip \_\_\_\_\_

\*Phone \_\_\_\_\_

Fax \_\_\_\_\_

\*Email \_\_\_\_\_

I would like to be enrolled in receiving my invoices and statements electronically

Bank Reference \_\_\_\_\_

Account # \_\_\_\_\_

Bank Contact \_\_\_\_\_

Phone \_\_\_\_\_

### **\*Type of Business:**

Interior Designer

Architect

Purchasing Agent

Other: \_\_\_\_\_

Specialty:

Residential

Hospitality

Commercial

Purchasing

### **OWNER INFORMATION**

\*Check One:  Corporation

LLC

Partnership

Sole Proprietorship

Owner's Full Name \_\_\_\_\_

SS# \_\_\_\_\_

Owner's Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

I agree to pay interest at a rate of 1½% per month (18% per annum) for all unpaid past due invoices. I also agree to pay reasonable costs of collection, including attorney's fees, in the event of my failure to pay any unpaid balance. In consideration of the receipt of goods and services by said firm, the undersigned does contractually and personally guarantee all payments, interest and fees by said firm in the event of any collection of any unpaid balances. I have read and understand these terms set forth within this account application and fully agree to the terms and conditions.

### **\*Authorized Signature**

**Title**

**Date**

Have you already been working with a salesperson? \_\_\_\_\_

If yes, please provide name: \_\_\_\_\_

Please tell us a little about your business and what you look for in an Account Manager so we can assign the perfect fit for your firm: \_\_\_\_\_

Please obtain and submit a copy of your resale certificate for the following states to remove your sales tax liability:

Arkansas, California, Colorado, Connecticut, D.C., Florida, Georgia, Hawaii, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Nevada, New Jersey, New York, North Carolina, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, and Wyoming

Once application has been completed, it should be submitted to [credit@starkcarpet.com](mailto:credit@starkcarpet.com) for further review along with copies of your resale certificate(s). It can also be provided directly to your salesperson for submission or you can mail or fax the documents to:

Stark Carpet  
Credit Department  
197 Boling Industrial Way  
Calhoun, GA 30701  
Fax: (470)-313-3911

An online application is also available at: [www.starkcarpet.com/newtradeaccount](http://www.starkcarpet.com/newtradeaccount)

For further assistance please contact the credit department: 470-313-3905 Ext# 8153