

DESIGN SOURCE FLOORING, LLC  
 10645 Lackman Rd  
 Lenexa, Kansas 66219  
 913.387.5858 FAX 913.387.5859  
 www.dsflooring.com



Date: \_\_\_\_\_  
 Account Manager: \_\_\_\_\_

**COMMERCIAL ACCOUNT SET-UP AND AGREEMENT**  
*(Return completed Agreement to Account Manager*  
*or FAX to: 913.387.5859 or email [customerservice@dsflooring.com](mailto:customerservice@dsflooring.com))*

**1 CUSTOMER INFORMATION:**

LEGAL NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
 TRADE NAME (DBA) \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_ P.O. BOX \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 TYPE:            CORPORATION    PARTNERSHIP    PROPRIETORSHIP    LLC  
 ARE YOU A SUBSIDIARY OF ANOTHER CORPORATION? YES  NO   
 IF YES:           NAME \_\_\_\_\_  
                       ADDRESS: \_\_\_\_\_  
 DATE BUSINESS ESTABLISHED \_\_\_\_\_ NO. OF EMPLOYEES \_\_\_\_\_  
 STATE TAX EXEMPT NO. \_\_\_\_\_ ATTACH CERTIFICATE

**2 NAME OF OWNERS, PARTNERS, OR CORPORATE OFFICERS:**

NAME	ADDRESS	PHONE
PRESIDENT/OWNER/PARTNER _____	_____	( ) _____
SS # _____ DL# _____ DOB _____	_____	( ) _____
VICE PRESIDENT/PARTNER _____	_____	( ) _____
SS # _____ DL# _____ DOB _____	_____	( ) _____

**3 BANKING:**

NAME \_\_\_\_\_ Account # \_\_\_\_\_ Officer name \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ Phone No. \_\_\_\_\_ Do you have outstanding loans? Yes No

NAME \_\_\_\_\_ Account # \_\_\_\_\_ Officer name \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ Phone No. \_\_\_\_\_ Do you have outstanding loans? Yes No

**4 CREDIT REFERENCES:**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 PHONE NUMBER ( ) \_\_\_\_\_ FAX NUMBER ( ) \_\_\_\_\_ ACCT # \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 PHONE NUMBER ( ) \_\_\_\_\_ FAX NUMBER ( ) \_\_\_\_\_ ACCT # \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 PHONE NUMBER ( ) \_\_\_\_\_ FAX NUMBER ( ) \_\_\_\_\_ ACCT # \_\_\_\_\_

**5 GENERAL INFORMATION:**

ARE PURCHASE ORDERS REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
CREDIT LIMIT REQUESTED _____	WILL YOU SUBMIT A FINANCIAL STATEMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, PLEASE SEND WITH APPLICATION OR MAIL ATTN: CREDIT MANAGER. IT WILL BE HELD CONFIDENTIALLY.	
ACCOUNTS PAYABLE OFFICER OR SUPERVISOR _____	PHONE ( ) _____
EMAIL ADDRESS _____	

1. "THE UNDERSIGNED HEREBY CONSENT(S) TO DESIGN SOURCE FLOORING, LLC (DSF) USE OF A NON-BUSINESS CONSUMER CREDIT REPORT ON THE UNDERSIGNED IN ORDER TO FURTHER EVALUATE THE CREDIT WORTHINESS OF THE UNDERSIGNED AS PRINCIPAL(S), PROPRIETOR(S) AND/OR GUARANTOR(S) IN CONNECTION WITH THE EXTENSION OF BUSINESS CREDIT AS CONTEMPLATED BY THIS CREDIT APPLICATION. THE UNDERSIGNED HEREBY AUTHORIZE(S) DSF TO UTILIZE A CONSUMER CREDIT REPORT ON THE UNDERSIGNED FROM TIME TO TIME IN CONNECTION WITH THE EXTENSION OR CONTINUATION OF THE BUSINESS CREDIT REPRESENTED BY THIS CREDIT APPLICATION. THE UNDERSIGNED AS (AN) INDIVIDUAL(S) HEREBY KNOWINGLY CONSENT TO THE USE OF SUCH CREDIT REPORT CONSISTENT WITH FEDERAL FAIR CREDIT REPORTING ACT AS CONTAINED IN 15 U.S.C.@1681 ET SEQ."

I, (WE) UNDERSTAND THAT THE INFORMATION FURNISHED TO YOU ON THIS APPLICATION FOR ACCOUNT IS FOR THE PURPOSE OF OBTAINING CREDIT FROM YOUR FIRM. I (WE) UNDERSTAND THAT YOUR FIRM MAY AT ANY TIME REFUSE TO GRANT CREDIT TO ME, EVEN THOUGH CREDIT IS INITIALLY GRANTED PURSUANT TO THIS APPLICATION. I AM (WE ARE) AUTHORIZED IN MY (OUR) CAPACITY TO BIND MY (OUR) FIRM FOR ANY AND ALL CREDIT WHICH YOU EXTEND TO US. IT IS FURTHER AGREED AND UNDERSTOOD THAT ALL ACCOUNTS OR MONIES DUE DSF SHALL BE DUE AND PAYABLE AT IT'S OFFICE IN LENEXA, JOHNSON COUNTY, KANSAS WITHIN THIRTY (30) DAYS OF INSTALLATION; THAT ALL PAST DUE ACCOUNTS, NOTES, OR JUDGMENTS SHALL BEAR INTEREST FROM THE DATE THE INDEBTEDNESS IS FIRST OCCURRED UNTIL PAID AT THE MAXIMUM RATE ALLOWED BY LAW. IF THE ACCOUNT OR NOTES ARE PLACED WITH A THIRD PARTY FOR COLLECTION, THEN THE DEBTOR AND HIS GUARANTORS, IF ANY, ARE LIABLE FOR REASONABLE ATTORNEY'S FEES AND ALL REASONABLE COSTS INCURRED IN THE COLLECTION OF THE INDEBTEDNESS.

SIGNED BY _____	PRINT NAME _____
NAME OF FIRM _____	TITLE _____
EMAIL ADDRESS _____	PHONE NUMBER _____

2. IN CONSIDERATION OF CREDIT BEING EXTENDED TO THE ABOVE NAMED FIRM, I (WE, IF MORE THAN ONE PERSON IS EXECUTING THIS GUARANTY THEY WILL BE JOINTLY AND SEVERALLY LIABLE) PERSONALLY GUARANTEE ALL INDEBTEDNESS, INTERESTS, COSTS, AND ATTORNEY'S FEES, IF ANY, THAT MAY BECOME DUE. I (WE) FURTHER AGREE THAT THE LIABILITY HEREUNDER IS DIRECT AND PRIMARY. THERE IS NO OBLIGATION ON THE PART OF DESIGN SOURCE FLOORING, LLC. TO EXHAUST REMEDIES AGAINST THE ABOVE NAMED FIRM PRIOR TO ENFORCEMENT OF THE GUARANTY. THIS GUARANTY IS AN ABSOLUTE, COMPLETE, AND CONTINUING GUARANTY, AND NO NOTICE OF INDEBTEDNESS CREATED BY THE ABOVE FIRM OR ANY EXTENSION OF CREDIT ALREADY OR HEREINAFTER EXTENDED NEED BE GIVEN. THE TERMS OF INDEBTEDNESS MAY BE ARRANGED, EXTENDED, AND/OR RENEWED WITHOUT NOTICE TO THE GUARANTOR. I (WE) AGREE TO, WITHIN TEN (10) DAYS FROM THE DATE OF DEMAND, PAY ANY AND ALL INDEBTEDNESS WHICH IS OWED BY THE ABOVE NAMED FIRM TO DESIGN SOURCE FLOORING, LLC., PLUS ALL INTEREST, COSTS, AND ATTORNEY'S FEES, IF ANY, THAT ARE DUE AND OWING.

SIGNED BY _____	PRINT NAME/TITLE _____
ADDRESS _____	SS# _____
EMAIL ADDRESS _____	PHONE NUMBER _____