



3900 W. 34TH STREET NORTH • PO BOX 1841 • SIOUX FALLS, SD 57101-1841
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www.tsf.com

TRI-STATE FLOORING CREDIT APPLICATION

Date: _____

Company Name: _____

Shipping Address: _____

Billing Address: _____

City, State, Zip (+4): _____

Phone #: _____ Fax #: _____ Cell #: _____

Email Address: _____

Send invoices (circle one): Fax or US Mail

Contact Person: _____ Owner: _____

Home Address: _____ Phone #: _____

Years in Business: _____

Business Type (circle one): Corporation or Partnership or Individual Proprietorship

Federal Tax ID #: _____ State Sales Tax # (exemption#): _____

(Attach copy of exempt or retail sales certificate)

Social Security # (if proprietorship): _____

BANK REFERENCE:

Bank Name: _____ Account #: _____

City, State, Zip (+4): _____

Bank Officer: _____ Phone #: _____ Fax #: _____

TRADE REFERENCE: (Please do not use Mohawk or Shaw as Trade References)

Name: _____ Phone #: _____ Fax #: _____

City, State, Zip (+4): _____

Name: _____ Phone #: _____ Fax #: _____

City, State, Zip (+4): _____

Name: _____ Phone #: _____ Fax #: _____

City, State, Zip (+4): _____

Authorized Customer Signature: _____ Date: _____

A monthly service charge of 1% (12% APR) will be charged on invoices not paid within 30 days.

Office Use Only:

Account #: _____ Credit Limit Assigned: _____

Approved by: _____ Date: _____ Entered by: _____ Enter Date: _____