

# AUSTIN COUNTER TOPS

*Quality, Service, Integrity*

Thank you for your interest in obtaining credit with Austin Counter Tops.

Our Credit Application Package is enclosed. Please fill out all forms completely and be sure to print legibly using black or blue ink only.

**Omission of any information will delay the application process, and may cause your application for credit to be denied.**

To expedite processing of your credit application, you may fax the completed forms to 512.339.1796, Attn: Accounts Receivable. After faxing your application, mail the signed original to:

Austin Counter Tops  
Attn: Accounts Receivable  
11108 Bluff Bend Drive  
Austin, TX 78753

*Please note: Your application will not be approved until we have received the signed original application. Faxing will only expedite the processing of your request.*

If you have any questions regarding the forms, application procedure, or the processing of your application, please contact our Accounts Receivable Department at 512.835.5100, extension 8112.

Thank you again for your interest in Austin Counter Tops. We look forward to doing business with you.

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## Credit Application

To ensure prompt and timely processing of your application, do not omit any of the information requested. Please print legibly, using black or blue ink.

Fax completed form to (512)339-1796  
**AND**  
 Mail original to: Austin Countertops  
 11108 Bluff Bend Dr.  
 Austin, TX 78753

Business Name:		Phone:
Address:		
City:	State:	Zip:
Years at Current Address:	Federal Tax I.D. #:	Date Established:
DBA:		
Type of Business (check one):		
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
# of Employees:	Est. Annual Sales:	Sales Area:
Principal 1 Name:	Title:	SS#:
Home Address:		City/State/Zip
Principal 2 Name:	Title:	SS#:
Home Address:		City/State/Zip
<b>Trade References</b>		
Name:	Name:	Name:
Address:	Address:	Address:
City/State/Zip	City/State/Zip	City/State/Zip
Phone:	Phone:	Phone:
Contact Name:	Contact Name:	Contact Name:
<b>Bank References</b>		
Type of Account (check all that apply):		
<input type="checkbox"/> Checking <input type="checkbox"/> Loan <input type="checkbox"/> Savings		
Bank Name:	Bank Name:	Bank Name:
Address:	Address:	Address:
City/State/Zip:	City/State/Zip:	City/State/Zip:
Account #:	Account #:	Account #:
Contact:	Contact:	Contact:
Phone #:	Phone #:	Phone #:

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## Credit Application

<b>Other Business Debts</b>		
Name:	Name:	Name:
Address:	Address:	Address:
City/State/Zip:	City/State/Zip:	City/State/Zip:
Phone:	Phone:	Phone:
Contact:	Contact:	Contact:
Balance:	Balance:	Balance:
Has the Firm, or any of its Principals, ever filed for bankruptcy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:		
Primary Contact:	Title:	Phone:
Credit Line Requested: \$		

**Terms:** Invoices are due Net 10th. Accounts unpaid by the 15th of the month will be placed on "HOLD" status until the account is brought current. For more information, please call our Accounts Receivable Department at (512) 835-5100.

For the purpose of obtaining a line of credit from Austin Countertops, I certify that I am authorized to apply for credit on behalf of my organization, and that all information I have provided is true, complete, and accurate to the best of my knowledge. By signing below, I authorize Austin Countertops, or its assigns, to perform any necessary credit and/or reference investigations in order to determine creditworthiness. I also certify that I have read, and received, a copy of this application. I, on behalf of my organization, agree to release and hold harmless Austin Countertops from any liabilities resulting from any granting or refusal of credit.

Name:	Signature:	Title:	Date
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### Guarantee

In consideration of credit being extended by Austin Countertops to the above named applicant(s) for merchandise to be purchased, whether applicant(s) be an individual or individuals, a proprietorship, partnership, corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to pay the faithful payment, when due, of all accounts of said applicant for purchases made within five years after the date of this application. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to undersigned guarantor or guarantors, of dishonor or default by applicant or, with respect to any security held by Austin Countertops, extension time of payment to applicant, acceptance of partial payment of partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under the guarantee.

Guarantor Name:	Guarantor Signature:	Date
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**NOTICE:** Any revocation of this guarantee shall be presented in writing and delivered to:

Austin Countertops  
 Accounts Receivable  
 11108 Bluff Bend Drive  
 Austin, Texas 78753

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## Client Profile

To ensure prompt and timely processing of your application, do not omit any of the information requested. Please print legibly, using black or blue ink.

Fax completed form to (512)339-1796  
**AND** Austin Countertops  
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 Austin, TX 78753

<b>Billing Information</b>		
Business Name:		Phone:
Billing Address:		
City:	State:	Zip:
Contact Person:	Title:	Phone:
Do you require a Purchase Order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contact Person for PO Issuance (If applicable)		
Name:	Title:	Phone:
Contact Person for PO Corrections/Variations		
Name:	Title:	Phone:
Do you require an Invoice with copy of PO?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Invoice Submission Requirements:	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax
	<input type="checkbox"/> Hand-delivery	<input type="checkbox"/> Other
If "Other", please explain:		
<b>Purchasing Info</b>		
Please tell us more about your business. Where have you purchased the following products in the past?		
Cultured Marble:	Laminate:	Solid Surface:
Engineered Stone:	Granite:	
Number of houses constructed in past 12 months		
Closed:	Open:	Under Construction:
Name of Lumber companies used:		

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## Project Info

To ensure prompt and timely processing of your billing, please provide the following information. Please print legibly, using black or blue ink.

<b>Job Info</b>		
Address:		
City:	State:	Zip:
Legal Description:		
<b>Owner Info</b>		
Name:		Phone:
Address:		
City:	State:	Zip:
<b>General Contractor Info</b>		
Name:		Phone:
Address:		
City:	State:	Zip:
<b>Sub-Contractor Info</b>		
Name:		Phone:
Address:		
City:	State:	Zip:

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**AND**

Mail original to:

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