



Date: _____

APPLICATION FOR CREDIT / ACCOUNT INFORMATION
(FAX TO: 401-943-8243) or email to info@stillerdistributors.com

Company Name: _____

Address: _____ Zip: _____

Shipping Address (if different): _____

If multiple ship to addresses, please list on a separate sheet and attach.

Type of Business: _____ # of years operated: _____

Phone: _____ Fax: _____ Cell: _____ E-mail _____

Address: _____ Invoices emailed? Yes ___ No ___

A/P Contact: _____ A/P E-mail address: _____

Form of Business: Corp. ___ LLC ___ Partnership ___ Place of Business: Own ___ Rent ___

Bank Name: _____ Account #: _____

Resale Certificate #: _____ (please include copy) **Credit Line** _____ **or COD** _____

Existing Mannington displays Yes ___ No ___ Buying Group: _____

Products of Interest: Mannington Carpet Pad Other

Name of Owner or President: _____

Home Address: _____

Home Phone: _____ Cell: _____

Have you ever declared bankruptcy? Yes: ___ No: ___ Date: _____

Business References: Please fill out completely including fax number. **Please do not use Shaw or Mohawk.**

Name: _____ Acct #: _____

City: _____ State: _____ Phone# _____ Fax # _____

Name: _____ Acct #: _____

City: _____ State: _____ Phone# _____ Fax # _____

Name: _____ Acct #: _____

City: _____ State: _____ Phone# _____ Fax # _____

I personally and unconditionally guarantee to you punctual payments of all purchases.

Signature: _____ Date: _____