

CONFIDENTIAL CREDIT APPLICATION

CRAVEN CARPET, INC.
P.O. BOX 801084
HOUSTON, TEXAS 77280-1084
713-956-1395 TEL.
713-956-7802 FAX

PROPERTY	OWNER	MANAGEMENT COMPANY
NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP
PHONE NUMBER	PHONE NUMBER	PHONE NUMBER
CONTACT	CONTACT	CONTACT

NAME OF PRESIDENT, PARTNER, OR OWNER	ADDRESS	YEARS IN BUSINESS
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OWNER IS A: CORPORATION _____ PARTNERSHIP _____ LIMITED PARTNERSHIP _____ SOLE PROPRIETOR _____

MGMT IS A: CORPORATION _____ PARTNERSHIP _____ LIMITED PARTNERSHIP _____ SOLE PROPRIETOR _____

SEND INVOICES TO: PROPERTY _____ OWNER _____ MANAGEMENT COMPANY _____ OTHER _____

ACCOUNTS PAYABLE OFFICER OR SUPERVISOR _____ PHONE NUMBER _____

ARE PURCHASE ORDERS REQUIRED? YES _____ NO _____

ARE PURCHASES TAXABLE? YES _____ NO _____ - PLEASE ATTACH RESALE OR EXEMPTION CERTIFICATE

TRADE REFERENCES

NAME	ADDRESS	PHONE
1		
2		
3		
4		

BANK NAME	BANK ADDRESS	BANK PHONE NUMBER
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I (We) understand that the information furnished you on this page is for the purpose of obtaining credit from your firm. I am (We are) authorized, as representative of my (our) firm named above, to bind, and I (We) do hereby bind my (our) firm named above to pay all accounts or monies due you at your place of business in Harris County, Texas and to pay interest at the maximum rate allowable on all past due accounts, notes or judgements, I (We), the undersigned, in my (our) individual capacity, so jointly and severally, unconditionally guarantee and personally promise to pay all indebtedness accrued under this continuing agreement. In the event of default and referral to an attorney or collection agency, I (We) agree to pay reasonable costs and attorney's fees.

Name (Please Print)

Signature

Date

For Craven Carpet, Inc. Use Only	
Acct #	Sales Rep #
Checked by:	Approved by:
Date Approved:	