



"A WORLD OF VALUE"

Craig Bachman
IMPORTS, INC.

Frankfort Showroom

281 Ontario Street
Frankfort, IL 60423

Dallas Showroom

Interior Home Design Center
2000 North Stemmons Freeway
Suite 2F400-IHDC Dallas, TX 75207

CREDIT APPLICATION AGREEMENT

NAME OF COMPANY (INCLUDING DBA'S) ACCOUNTS PAYABLE TELEPHONE NUMBER

BILL TO ADDRESS CITY, STATE, ZIP CODE

ACCOUNTS PAYABLES EMAIL ADDRESS ACCOUNTS PAYABLE FAX NUMBER

Please list references on second page. Previous businesses owned? YES _____ NO _____ If yes, please complete bottom of second page.

FOLLOWING FIELDS MUST ALSO BE COMPLETED TO BE CONSIDERED FOR TERMS. ALL OWNERS MUST BE LISTED. USE BACKSIDE OF PAGE IF NEEDED FOR ADDITIONAL LISTING OF OWNERS.

OWNER OR PRINCIPAL TITLE HOME PHONE

HOME ADDRESS CITY STATE ZIP CODE

Is there more than one owner of this business? YES _____ NO _____

ADDITIONAL OWNER OR PRINCIPAL TITLE HOME PHONE

HOME ADDRESS CITY STATE ZIP CODE

The signature below is an acknowledgement and acceptance of the terms and conditions set forth in this agreement and certifies that the information on this form is correct. By submitting this credit application, the above company and the undersigned authorizes *Craig Bachman Imports, Inc.* to obtain credit information from, but not limited to, financial institutions, bankruptcy courts, business/trade references and credit bureaus, as well as periodic credit checks to determine our credit capabilities to *Craig Bachman Imports, Inc.* The above company and the undersigned agree to pay for previous, current, and future charges incurred by officer, employee, or agent of the above-named company/organization within 30 days from the date of the invoices/charges. The above company and the undersigned agree to pay interest charges of 1.5% per month (18% per year) or the maximum allowed by law, to be accrued from the first day the payment is past due. The above company and the undersigned agree to pay, 25% restocking fees (subject to change) on any cancelled import/stock items as well as \$25 per pallet breakdown fee (subject to change), if applicable. *Craig Bachman Imports, Inc.* reserves the right to cancel orders, revoke credit, demand immediate payment, and/or reduce the credit limit amount at any time without prior notice to the above-named company or the undersigned. If collection or legal action is deemed necessary by *Craig Bachman Imports, Inc.* to receive monies owed, the above company and the undersigned agree to pay all collection/legal fees. This includes but is not limited to Attorney's fees and any monies the court may judge reasonable and shall be governed in accordance with the laws of the State of Illinois. Change in Ownership: The above company and the undersigned acknowledges and understands that it is mandatory that we notify *Craig Bachman Imports, Inc.* in writing of any change in ownership, the name of the company, or the business structure under which credit was established within five days of such changes. Failure in doing so will make the above company and the undersigned responsible for payment on all charges that occur under the new ownership whether all debt was transferred to new owner(s) or not.

APPLICANT: PRINTED NAME SIGNATURE TITLE DATE

PERSONAL GUARANTEE: In consideration of any credit extended, I (we) guarantee and accept the above agreement.

PRINT NAME SIGNATURE DATE SOCIAL SECURITY # DATE OF BIRTH

PRINT NAME SIGNATURE DATE SOCIAL SECURITY # DATE OF BIRTH



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LEGAL STATUS: INDIVIDUAL/SOLE PROPRIETORSHIP: _____ PARTNERSHIP: _____ CORPORATION: _____ OTHER: _____

YEAR ESTABLISHED UNDER YOUR OWNERSHIP: _____ FEDERAL TAX ID #: _____ RESALE TAX #: _____

(PLEASE LIST TRADE REFERENCES BELOW OR SUPPLY REFERENCE SHEET)

1) _____	_____	_____	_____
VENDOR NAME	FAX NUMBER	EMAIL ADDRESS	ACCOUNT # W/VENDOR
2) _____	_____	_____	_____
VENDOR NAME	FAX NUMBER	EMAIL ADDRESS	ACCOUNT # W/VENDOR
3) _____	_____	_____	_____
VENDOR NAME	FAX NUMBER	EMAIL ADDRESS	ACCOUNT # W/VENDOR
4) _____	_____	_____	_____
VENDOR NAME	FAX NUMBER	EMAIL ADDRESS	ACCOUNT # W/VENDOR
5) _____	_____	_____	_____
VENDOR NAME	FAX NUMBER	EMAIL ADDRESS	ACCOUNT # W/VENDOR
6) _____	_____	_____	_____
VENDOR NAME	FAX NUMBER	EMAIL ADDRESS	ACCOUNT # W/VENDOR

Please complete the following questions for previous businesses owned:

1) Please list names of businesses previously owned. Please list all business names used.

2) What years were previous businesses owned? _____

3) When were previous businesses closed? _____

4) Reason previous businesses were closed _____

5) What type of businesses were peviously owned (Corporation, partnership, proprietorship.etc.)?

CREDIT DEPT. EMAIL: VCIARDULLO@CRAIGBACHMAN.COM

PHONE: (815) 469 - 0961