

Business Contact Information	
Company Name:	
Name of Person Completing Form:	Title:
Phone:	Fax:
Company Billing Address:	
City:	State:
Date Business Commenced:	
Business and Credit Information	
Primary Company Address:	
City:	State:
How long at current address?	
Phone:	Fax:
Bank Name:	
Bank Address:	
City:	State:
Type of Account:	Account Number:
<input type="checkbox"/> Savings	
<input type="checkbox"/> Checking	
<input type="checkbox"/> Other:	
Business Contact Information	
Company Name:	Company Contact Name:
Phone:	Fax:
Company Billing Address:	
City:	State:
Type of Account:	
Company Name:	Company Contact Name:
Phone:	Fax:
Company Billing Address:	
City:	State:
Type of Account:	
Company Name:	Company Contact Name:
Phone:	Fax:
Company Billing Address:	
City:	State:
Type of Account:	
Agreement	
1. All invoices are to be paid 30 days from the date of invoice. 2. Finance charges 1.5% per month, or 18% per year will be added to all past due accounts. 3. By submitting this application, you authorize TAJ Flooring, Inc. to make inquiries of the banking and business/trade references that you have provided.	
Signatures	
Signature:	Signature:
Title:	Title:
Date:	Date:

TAJ Flooring Inc. Corporate Office  
 740 Church Road  
 Elgin, IL 60123  
[admin@tajflooring.com](mailto:admin@tajflooring.com)

TAJ Flooring Inc.  
 Remit to Address  
 PO Box 87705  
 Carol Stream, IL 60188-7705