

Credit Application

The undersigned Customer hereby requests that Versatrim LLC, a North Carolina Corporation, extend financial credit to it with respect to its purchases from Versatrim LLC:

Company Name: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Customer Structure (check one)

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Liability Company | |
| <input type="checkbox"/> Other (Please describe): _____ | | |

Credit Line Requested (Required): US \$ _____

Versatrim Does Not Offer Open Credit Lines. An Amount Must Be Entered Above.

SEND PAYMENTS TO:

Versatrim LLC
PO Box 6219
Hermitage, PA 16148-0923

All payments must be made in US Funds

Name and Address of Principals

Name: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Bank References

Name	City / State / Zip	Phone	Fax
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Please Email Back to: credit@versatrim.com
or Fax Back to 252-430-8801

Credit Application

TRADE REFERENCES (a minimum of 3 is required)

!!! Mohawk, Shaw, Pergo, Coronet and Beaulieu do not respond to credit requests !!!

Name	Fax	<i>or</i>	Email
Name	Fax	<i>or</i>	Email
Name	Fax	<i>or</i>	Email
Name	Fax	<i>or</i>	Email

Type of Business: _____ **Years in Business:** _____ years

Federal Tax ID Number (Required): _____

Are you Sales and/or Tax exempt? Yes No

Please attach appropriate certificate or sales tax will be charged

TERMS AND CONDITIONS

NET THIRTY (30) DAYS UNLESS OTHERWISE SPECIFIED IN INVOICE

If any invoice is not paid when due, Customer agrees to pay interest on the unpaid balance at 1.5% per month. If any invoice is turned over to an attorney for collection, Customer shall pay all costs of collection, including court costs and reasonable attorneys' fees, and expenses. This formal Credit Application shall constitute an "evidence of indebtedness" for such purposes under N.C.G.S. §6-21.2. If Customer returns any goods to Versatrim LLC (hereinafter "Versatrim") for any reason whatsoever, the Customer shall pay to Versatrim twenty percent (20%) of the invoice amount for each returned item as a restocking fee and must pay any applicable shipping fee.

The parties agree that all questions with respect to the construction of this Agreement and the rights and liabilities of the parties hereto shall be determined in accordance with the provisions of the laws of the State of North Carolina. Jurisdiction and venue for the purposes of this Agreement shall be vested in Vance County, North Carolina and the parties agree that all disputes regarding this Agreement shall be brought in the General Court of Justice for Vance County, North Carolina and no other venue.

This Agreement constitutes the entire agreement between the parties and is binding upon the parties and their heirs, successors and assigns. This Agreement supersedes any and all other agreements, either oral or in writing, among the parties hereto with respect to the subject matter hereof. No change or modification of this Agreement shall be valid unless the same shall be in writing and signed by the parties.

The person signing below represents that he/she has carefully reviewed this document, that the information herein is true and correct, and that he/she has the authority to bind the Customer to the terms of this Credit Application.

CUSTOMER:

Date

Signature

Title

Print Name/Title

**Please Email Back to: credit@versatrim.com
or Fax Back to 252-430-8801**

Company Contact Form

Company Name: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

BILL TO ADDRESS

Address: _____

City: _____ State/Province: _____ Postal Code: _____

SHIP TO ADDRESS

See attached sheet for additional shipping locations

Address: _____

City: _____ State/Province: _____ Postal Code: _____

AUTHORIZED PURCHASERS

Any one authorized to purchase from Versatrim LLC must be listed below. Please list first AND last names. Please select your preferred method of contact.

Name: _____ Phone Fax Email _____

Name: _____ Phone Fax Email _____

Name: _____ Phone Fax Email _____

Name: _____ Phone Fax Email _____

Name: _____ Phone Fax Email _____

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Company Contact Form

Accounts Payable (Please select your preferred method of contact.)

Name: _____ Phone
_____ Fax
_____ Email

How Would You Like to Receive Your Confirmations & Shipment Notifications?:

Fax: _____ Email: _____

Additional Email addresses to send confirmations/shipment notifications to:

Email: _____

Email: _____

How Would You Like to Receive Your Invoices?:

Mail Fax: _____ Email: _____

Additional Email addresses to send invoices to:

Email: _____

Email: _____

SPECIAL NOTES/REQUESTS FOR THIS ACCOUNT:

Please note any special procedures or requests for this account

Please Email Back to: credit@versatrim.com
or Fax Back to 252-430-8801

Company Contact Form

Please list additional ship to locations here! (You may photocopy this page if necessary.)

SHIP TO ADDRESS	
Company Name:	_____
Address:	_____
City:	_____ State/Province: _____ Postal Code: _____
Contact Name:	_____ Title: _____
Contact Phone:	_____ Fax: _____
Email:	_____
Authorized Purchasers for Location:	_____

SHIP TO ADDRESS	
Company Name:	_____
Address:	_____
City:	_____ State/Province: _____ Postal Code: _____
Contact Name:	_____ Title: _____
Contact Phone:	_____ Fax: _____
Email:	_____
Authorized Purchasers for Location:	_____

SHIP TO ADDRESS	
Company Name:	_____
Address:	_____
City:	_____ State/Province: _____ Postal Code: _____
Contact Name:	_____ Title: _____
Contact Phone:	_____ Fax: _____
Email:	_____
Authorized Purchasers for Location:	_____

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