

Attard Distributing

WHOLESALE FLOOR COVERING DISTRIBUTORS

Company Information

Date: _____

Corporate Name _____
 DBA Trade Name _____
 Address _____
 City, State, Zip _____
 Phone Number _____

Circle One: **Partnership** **Proprietorship** **Corporation**

First Year of Business _____
 Resale Number _____

Information on Proprietor, Corporate Officers or Partners

Name and Title _____
 Home Address _____
 City, State, Zip _____
 Home Phone Number _____
 Social Security Number _____

Bank Information

Bank Name _____
 Address _____
 City, State, Zip _____
 Phone Number _____
 Branch _____
 Loan Officer _____
 Loan Account Number _____

Trade References

	<u>Name</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>Phone #</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

Signature _____ **Date** _____

Title _____