

Riztex USA, Inc.

New Account/Credit Application
 900 Marine Drive Calhoun, GA 30701
 Fax 706-602-3970 Phone 877-499-7847

- Request Credit Card
 Request Credit Line
 (**ONLY IF APPLYING FOR CREDIT)

BILLING INFORMATION	SHIPPING INFORMATION
LEGAL BUSINESS NAME: _____ (PLEASE USE EXACT LEGAL NAME)	SHIP TO: _____ _____ _____ _____
TRADE NAME: _____ (PLEASE LIST ANY DBA NAME)	
PHYSICAL ADDRESS: _____ _____	
CITY/STATE: _____ ZIP: _____	
BILLING ADDRESS: _____ (IF DIFFERENT FROM ABOVE)	CITY, STATE ZIP: _____ TELEPHONE: _____ FAX: _____
CITY/STATE: _____ ZIP: _____	SHIP VIA: _____
TELEPHONE: _____ FAX: _____	SOCIAL INSTRUCTIONS: _____
EMAIL ADDRESS: _____	BUYING GROUP AFFILIATION: _____
BUSINESS WEB ADDRESS: _____	ORDER CONFIRMATION EMAIL: _____
RESALE TAX ID: _____	SHIPPING CONFIRMATION EMAIL: _____
DATE BUSINESS STARTED: _____	EMAIL ADDRESS FOR INVOICES: _____
	WOULD YOU LIKE TO RECEIVE PAPER INVOICES VIA MAIL? Yes No

BUSINESS DESCRIPTION (SELECT YES/NO)	CUSTOMER TYPE (SELECT YES/NO)
<input type="checkbox"/> SOLE PROPRIETERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC OTHER: _____	<input type="checkbox"/> FURNITURE <input type="checkbox"/> RUGS <input type="checkbox"/> DESIGNER <input type="checkbox"/> INTERNET <input type="checkbox"/> CARPET <input type="checkbox"/> OTHER

NAME OF PRINCIPALS	NAME OF PRINCIPALS	ACCOUNTS PAYABLE CONTACT
NAME _____	NAME _____	NAME _____
TITLE _____	TITLE _____	TELEPHONE _____
HOME ADDRESS _____	HOME ADDRESS _____	FAX _____
CITY, STATE ZIP _____	CITY, STATE ZIP _____	EMAIL ADDRESS _____
SOCIAL SECURITY _____	SOCIAL SECURITY _____	
CELL PHONE # _____	CELL PHONE # _____	
EMAIL ADDRESS _____	EMAIL ADDRESS _____	

PRIMARY BANK REFERENCE: * THE UNDERSIGNED AUTHORIZES THE BELOW LISTED BANK TO RELEASE CREDIT INFORMATION TO RIZTEX USA, INC. *****

BANK NAME: _____	ACCOUNT #(s) _____
BANK ADDRESS: _____	BANK REPS NAME _____
CITY, STATE ZIP: _____	BANK PHONE _____ BANK FAX _____

TRADE REFERENCES / OTHER SUPPLIERS YOU CURRENTLY TRADE WITH * ATTACH TYPED LIST IF NEEDED *****

NAME _____	ACCOUNT # _____	EMAIL: _____
ADDRESS _____	TELEPHONE # _____	TERMS: _____
CITY, STATE ZIP _____	FAX # _____	
NAME _____	ACCOUNT # _____	EMAIL: _____
ADDRESS _____	TELEPHONE # _____	TERMS: _____
CITY, STATE ZIP _____	FAX # _____	
NAME _____	ACCOUNT # _____	EMAIL: _____
ADDRESS _____	TELEPHONE # _____	TERMS: _____
CITY, STATE ZIP _____	FAX # _____	

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In making this application, the undersigned understands that all charges are due and payable in full at the remittance address stated on the invoice unless notified in writing to the contrary. All accounts are payable according to the terms shown on each invoice and if not paid at the remittance address stated on the invoice on or before said due date, are then delinquent. It is further understood that if payment is not made in accordance with the terms of each invoice, shipment of future orders may be withheld. Each of the undersigned agrees to pay any and all service charges added each month on past due invoices. Terms are F.O.B. shipping point.

In the event checks are returned on the account due to insufficient funds or any other reason, the undersigned agrees to pay a reasonable service charge. The undersigned agrees that if my/our account must be placed in the hands of an attorney or collection agency, or if collection is made through probate proceedings, the undersigned agrees to pay a reasonable amount in attorney's fees and/or costs. The undersigned further agrees that he/she will inform Riztex of any change in ownership or status as noted above. With respect to all of your transactions with Riztex, you agree to be bound by the terms and conditions of the sale agreement. The undersigned consent(s) to Riztex USA, Inc. obtaining consumer credit report for the purpose of evaluating credit worthiness in connection with the credit application.

APPLICATION MUST BE SIGNED BY OWNER, PARTNER OR DULY AUTHORIZED OFFICER

AUTHORIZED CUSTOMER SIGNATURE: _____

PRINTED NAME AND TITLE: _____

DATE: _____

TO BE COMPLETED BY THE RIZTEX SALES PERSON

SALES AGENT NAME: _____

PRICING: _____

SPECIAL INSTRUCTIONS:

COMMENTS:

Email executed form to doug.barta@rizzyhome.com or fax to 706-602-3970