

Company Name _____ Attention _____ Store # _____
 Address _____ City _____ State _____ Zip _____
 Telephone & Area Code _____ Tax Exemption Certificate No. _____ FAX # _____
 Business Structure (Check) Individual Owner Partnership Incorporated (in state of) _____ Corporation Other (specify) _____
 Year Business Established _____ How long under present management _____

Name of Owner, Partners or Officers & Titles, if incorporated

Name _____ Name _____
 Home Address _____ Home Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 FID _____ FID _____

IF DELIVERY ADDRESS IS DIFFERENT THAN ABOVE, FILL IN INFORMATION

Company Name _____ Attention _____ Store # _____
 Address _____ City _____ State _____ Zip _____

BANK REFERENCE INFORMATION

Name _____ Telephone () _____
 Address _____ City _____ State _____ Zip _____
 Type of Account _____ Account No. _____
 Type of Account _____ Account No. _____

TRADE REFERENCES-3 REQUIRED (Names and Addresses Must Be Complete)

Name _____ Account No. _____ Telephone () _____
 Address _____ City _____ State _____ Zip _____
 Name _____ Account No. _____ Telephone () _____
 Address _____ City _____ State _____ Zip _____
 Name _____ Account No. _____ Telephone () _____
 Address _____ City _____ State _____ Zip _____

LANDLORD INFORMATION

Own Landlord Name _____ Telephone () _____
 Rent Address _____ City _____ State _____ Zip _____

FLOOR PLAN CO. INFORMATION

Name _____ Telephone () _____
 Address _____ City _____ State _____ Zip _____

Financial Statement Required on Credit _____ Amount of _____ Estimate Monthly _____
 Lines above 20,000 _____ First Order _____ Credit Required _____

I hereby authorize Design House Kitchens and Appliances L.L.C. or any credit bureau or other investigative agency employed by Design House Kitchens and Appliances L.L.C. to investigate the references herein listed or statements or other data obtained from me or any other person pertaining to my credit and financial responsibility. In consideration of the extension of credit by Design House Kitchens and Appliances L.L.C. to us, we agree to promptly pay all bills in accordance with the terms expressed on the invoice. We further agree that if the merchandise ordered shall remain unpaid past the due date, shall bear interest at the rate of 1 1/2% per month until paid. In the event that any suit or action is instituted to collect money due on our account, whether principle or interest or both, we agree to pay, in addition to the amount owed, all legal fees and collection agency fees incurred, including a reasonable sum for attorney's fees.

SIGNED _____ TITLE _____ DATE _____

OFFICE USE ONLY

DEPARTMENT	DEPARTMENT	CREDIT REP
FACTORY CODE	FACTORY CODE	TERMS
SERVICE CODE	SERVICE CODE	CREDIT LIMIT
SALESMAN NO	SALESMAN NO.	CREDIT SCORE
PRICE CODE	PRICE CODE	TRADE
MAILING LIST NO	MAILING LIST NO.	BANK

Credit Application

DESIGN HOUSE KITCHENS AND APPLIANCES L.L.C.

P.O. Box 1008
 8220 Wellmoor Court
 Savage, MD 20763

PLEASE COMPLETE CREDIT APPLICATION, BLANKET RESALE EXEMPTION CERTIFICATE AND GUARANTEE ON REVERSE SIDE.

PERSONAL GUARANTEE



I/We, _____

for and in consideration of your extending credit at my/our request to _____

(Guarantor(s) Company Name)

hereby personally guarantee to you the payment of any obligation of the above company, and I/we hereby agree to bind myself/ourselves to pay you on demand any sum which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. I/We do hereby waive notice of default, nonpayment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. If the credit is granted, it is understood to be under the terms set forth on the front page.

Guarantor: _____
Print Name

SS# _____

Signature of Above Individual

Date: _____
(Must Agree with Notary)

Home Address

Phone: () _____

Guarantor: _____
Print Name

SS# _____

Signature of Above Individual

Date: _____
(Must Agree with Notary)

Home Address

Phone: () _____

Above signatures to be notarized

STATE OF _____, COUNTY OF _____

I CERTIFY that on _____, 19 _____

_____ personally came before me and acknowledged under oath, to my satisfaction, that this person (or if more than one, each person):

- (a) is named in and personally signed this document; and
- (b) signed, sealed and delivered this document as his or her act and deed.

NOTARY SEAL

(Notary Public)

Notary Stamp
With Expiration Date: