



DESIGN SOURCE FLOORING, LLC
 10548 Lackman Rd
 Lenexa, Kansas 66219
 913.387.5858 FAX 913.387.5859
www.dsflooring.com

APPLICANT NAME: _____
 ACCOUNT MANAGER: _____
 DATE: _____

Property Management Company Account Application

1 PROPERTY MANAGEMENT COMPANY: (APPLICANT)

NAME	_____		
STREET ADDRESS	_____		P.O. BOX _____
CITY	STATE _____	ZIP _____	
TELEPHONE NUMBER ()	_____	FAX NUMBER ()	_____
DATE ESTABLISHED	_____		
IS THIS A:	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LLC
	DATE ESTABLISHED _____		
PRESIDENT/PARTNER//OWNERS	_____		
CONTACT	_____		
NAME	_____	EMAIL ADDRESS	_____
ADDRESS	_____		
<small>PROPERTY MANAGEMENT COMPANY REPRESENTS IT HAS AUTHORITY UNDER PROPERTY MANAGEMENT AGREEMENT WITH OWNER TO ACT AS AGENT FOR OWNER FOR PURPOSES OF MAINTAINING AND IMPROVING THE PROPERTY DESCRIBED IN SECTION 5, INCLUDING ENTERING INTO CONTRACTS WITH DESIGN SOURCE FLOORING, LLC.</small>			

2 PROPERTY MANAGEMENT COMPANY BANKING INFORMATION:

BANK NAME _____	ACCOUNT # _____
ADDRESS _____	TELEPHONE NUMBER () _____
DO YOU HAVE OUTSTANDING LOANS? <input type="checkbox"/> YES <input type="checkbox"/> NO	SECURED BY _____
OFFICER _____	

3 CREDIT REFERENCES: (USE 3 LOCAL SUPPLIERS WITH ESTABLISHED CREDIT)

NAME _____	ADDRESS _____
TELEPHONE NUMBER () _____	FAX NUMBER () _____ ACCT # _____
NAME _____	ADDRESS _____
TELEPHONE NUMBER () _____	FAX NUMBER () _____ ACCT # _____
NAME _____	ADDRESS _____
TELEPHONE NUMBER () _____	FAX NUMBER () _____ ACCT # _____

4 GENERAL INFORMATION:

ARE PURCHASE ORDERS REQUIRED? YES NO
CREDIT LINE REQUESTED: _____
WILL YOU SUBMIT A FINANCIAL STATEMENT? YES NO
IF YES, PLEASE SEND WITH APPLICATION OR MAIL ATTN: CREDIT MANAGER. IT WILL BE HELD CONFIDENTIALLY.
ACCOUNTS PAYABLE OFFICER OR SUPERVISOR TELEPHONE NUMBER () _____
IS PROPERTY TAX EXEMPT? YES NO
IF YES, PLEASE ATTACH A SIGNED EXEMPTION CERTIFICATE

5 PROPERTY OWNER: (AS RECORDED ON THE DEED)

NAME _____
STREET ADDRESS _____ P.O. BOX _____
CITY _____ STATE _____ ZIP _____
TELEPHONE NUMBER () _____ FAX NUMBER () _____
CONTACT NAME _____ EMAIL ADDRESS _____
PROPERTY ADDRESS _____
CITY _____ STATE _____ ZIP _____
DATE PROPERTY PURCHASED _____
OTHER PROPERTIES OWNED _____
IS THIS A: CORPORATION PARTNERSHIP PROPRIETORSHIP LLC DATE ESTABLISHED _____
NAME & ADDRESS OF CONTACT _____
PLEASE ATTACH COPY OF LEGAL DESCRIPTION OF PROPERTY.

THE UNDERSIGNED UNDERSTAND(S) AND/OR REPRESENTS:
THAT THE INFORMATION FURNISHED ON THIS APPLICATION FOR ACCOUNT IS FOR THE PURPOSE OF OBTAINING CREDIT FROM DESIGN SOURCE FLOORING (DSF).
THAT DSF MAY AT ANY TIME REFUSE TO GRANT CREDIT, EVEN THOUGH CREDIT IS INITIALLY GRANTED PURSUANT TO THIS APPLICATION. DSF RESERVES THE RIGHT TO CHANGE THE TERMS OF THIS AGREEMENT BY GIVING YOU FIFTEEN DAYS NOTICE OF THE CHANGE. CHANGES MAY INCLUDE WITHOUT LIMITATION, DIFFERENT FEES AND CONTRACT PROVISIONS.
THE UNDERSIGNED IS AUTHORIZED TO BIND MY (OUR) FIRM AND OWNER JOINTLY AND SEVERALLY FOR ANY AND ALL CREDIT WHICH YOU EXTEND TO APPLICANT.
IT IS FURTHER AGREED AND UNDERSTOOD THAT ALL ACCOUNTS OR MONIES DUE DSF SHALL BE DUE AND PAYABLE BY APPLICANT AT ITS OFFICE IN LENEXA, JOHNSON COUNTY, KANSAS WITHIN THIRTY (30) DAYS OF INSTALLATION AND THAT OUTSTANDING BALANCES NOT PAID BY THE DUE DATE WILL BE SUBJECT TO FINANCE CHARGES AT THE RATE OF 1.5% PER MONTH OR IF LESS, THE MAXIMUM AMOUNT PERMITTED BY LAW.
IF PAYMENT IS LATE, YOU WILL BE CHARGED A LATE FEE OF \$29.00 IN EACH MONTH YOUR PAYMENT IS LATE OR SUCH LESSER AMOUNT AS PERMITTED BY LAW.
IF YOUR BANK SHOULD FAIL TO HONOR PAYMENT TO ISSUER, YOU AGREE TO PAY OUR INSUFFICIENT FUNDS/RETURNED ITEM CHARGE OF \$25.00 OR SUCH LESSER AMOUNT AS PERMITTED BY LAW.
IF THE ACCOUNT OR NOTES ARE PLACED WITH A THIRD PARTY FOR COLLECTION, THEN APPLICANT, OWNER AND GUARANTORS, IF ANY, ARE LIABLE FOR AND AGREE TO PAY REASONABLE ATTORNEY'S FEES AND ALL REASONABLE COSTS INCURRED IN THE COLLECTION OF THE INDEBTEDNESS.
YOUR PURCHASE OF GOODS OR SERVICES ON CREDIT FROM DSF AND/OR YOUR PAYMENT FOR THOSE PURCHASES INDICATES YOUR ACCEPTANCE OF THIS AGREEMENT. YOU ARE LIABLE FOR ANY USE OF THE ACCOUNT BY YOUR EMPLOYEES AND ANYONE UNDER YOUR CONTROL.
YOU AUTHORIZE DSF TO OBTAIN CREDIT INFORMATION FROM TIME TO TIME REGARDING APPLICANTS (AND ANY SOLE PROPRIETOR OR GENERAL PARTNER WHO SIGNS BELOW) FROM CREDIT REPORTING AGENCIES, REFERENCES AND ANY MERCHANT WHO ACCEPTS THE ACCOUNT.

SIGNED BY _____ PRINT NAME _____
APPLICANT _____ TITLE _____
EMAIL ADDRESS _____ TELEPHONE NUMBER _____

GUARANTY

IN CONSIDERATION OF CREDIT BEING EXTENDED TO THE ABOVE NAMED FIRM, I (WE, IF MORE THAN ONE PERSON IS EXECUTING THIS GUARANTY THEY WILL BE JOINTLY AND SEVERALLY LIABLE) PERSONALLY GUARANTEE ALL INDEBTEDNESS, INTERESTS, COSTS, AND ATTORNEY'S FEES, IF ANY, THAT MAY BECOME DUE. I (WE) FURTHER AGREE THAT THE LIABILITY HEREUNDER IS DIRECT AND PRIMARY. THERE IS NO OBLIGATION ON THE PART OF DESIGN SOURCE FLOORING, LLC. TO EXHAUST REMEDIES AGAINST THE ABOVE NAMED FIRM PRIOR TO ENFORCEMENT OF THE GUARANTY. THIS GUARANTY IS AN ABSOLUTE, COMPLETE, AND CONTINUING GUARANTY, AND NO NOTICE OF INDEBTEDNESS CREATED BY THE ABOVE FIRM OR ANY EXTENSION OF CREDIT ALREADY OR HEREINAFTER EXTENDED NEED BE GIVEN. THE TERMS OF INDEBTEDNESS MAY BE ARRANGED, EXTENDED, AND/OR RENEWED WITHOUT NOTICE TO THE GUARANTOR. I (WE) AGREE TO, WITHIN TEN (10) DAYS FROM THE DATE OF DEMAND, PAY ANY AND ALL INDEBTEDNESS WHICH IS OWED BY THE ABOVE NAMED FIRM TO DESIGN SOURCE FLOORING, LLC., PLUS ALL INTEREST, COSTS, AND ATTORNEY'S FEES, IF ANY, THAT ARE DUE AND OWING.

SIGNED BY _____ PRINT NAME/TITLE _____
ADDRESS _____
TELEPHONE NUMBER _____ SS# _____
EMAIL ADDRESS _____

SIGNED BY _____ PRINT NAME/TITLE _____
ADDRESS _____
TELEPHONE NUMBER _____ SS# _____
EMAIL ADDRESS _____