



# Hockstein's

8600 Ashwood Drive  
Capitol Heights, MD 20743  
301.336.6600 410.792.0135  
301.336.6978 fx

Wholesale Floorcovering since 1967

## NEW ACCOUNT APPLICATION

Bus. Name: \_\_\_\_\_ Date: \_\_\_\_\_

Trading As: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company E-Mail: \_\_\_\_\_

Corporation( ) Partnership( ) Sole Proprietor( )

Tax Resale Number: \_\_\_\_\_  
(Please attach a current copy of your state Tax Resale Certificate)

### Principle, Owner, or Partners

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Home Addr: \_\_\_\_\_ Home Addr: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_



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### SECTION 4

Persons Authorized to purchase: \_\_\_\_\_

Manager: \_\_\_\_\_ Bookkeeper: \_\_\_\_\_

Is your building/store: ( ) Rented ( ) Leased ( ) Owned No. of years at this location: \_\_\_\_\_

Main line of business: \_\_\_\_\_ No. of years in this business: \_\_\_\_\_

Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Tax Resale #: \_\_\_\_\_

**We must have a copy of your current tax resale license on file, or sales tax will be charged on all orders.**

### SECTION 5

**TRADE REFERENCES** (Please supply complete address—no credit card, utility, or Home Depot/Lowes)

<u>Name</u>	<u>Address</u>	<u>Acct #</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____



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**PERSONAL AND CONTINUING GUARANTEE AGREEMENT**

In consideration for the credit extended to Customer, the undersigned hereby guarantees and agrees to be personally liable for all indebtedness incurred by Customer until all outstanding payments due to Hockstein's for goods, materials and services provided or rendered by Hockstein's are paid in full. I/We hereby acknowledge that this is a continuing obligation and that it may not be revoked by me/us without the written consent of Hockstein's.

Company Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_