



We Help You Sell Beautiful Floors!

CDC DISTRIBUTORS, INC.

10511 Medallion Drive
Cincinnati, Ohio 45241

513-771-3100

1-800-677-2321

Fax: 513-771-2920

BRANCHES
COLUMBUS, OH
LOUISVILLE, KY
INDIANAPOLIS, IN
GRAND RAPIDS, MI
LIVONIA, MI
ST. LOUIS, MO

ACCOUNT CREDIT INFORMATION

Dear Potential Customer,

Thank you for giving us the opportunity to serve you. We are excited to share a brief history about our company!

We are a wholesale floor covering distributor selling to retail dealers and commercial flooring contractors. We have been an Independent distributor since 1976. Our original territory was serving Southwest Ohio. We have now grown to service the following states:

Ohio, Kentucky, Indiana, Illinois, West Virginia, Michigan and Missouri

Please complete and return the "New Account Form/Credit Application Packet". Upon receipt of these forms, our sales department will validate your account. A customer number will be assigned at the time you place your first order. Terms are COD until sufficient information can be obtained to establish a line of credit. Credit lines are based not only on credit worthiness but also the volume of business.

PLEASE SIGN THE BELOW RELEASE SO WE CAN OBTAIN INFORMATION FROM YOUR TRADE REFERENCES.

(RETURN THESE FORMS TO US PROMPTLY)

SIGN AND RETURN

Authorization to Release Information

I/We authorize (creditor) to make whatever credit inquiries deemed necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on the application. I/We authorize and instruct any person or consumer-reporting agency to compile and furnish to the lender any information it may have or obtain in response to such credit inquiries and agree that same shall remain your property whether or not credit is extended. All information set forth in this application is declared to be a true representation of facts for the purpose of obtaining the credit requested and any willful misrepresentation on this application could result in criminal action'.

I hereby authorize you to furnish CDC Distributors, Inc., with the following information regarding my account(s).

Account Name: _____ Account No. _____

Authorized Signature: _____



CDC DISTRIBUTORS, INC

RETURN TO BRANCH INDICATED:

CINCINNATI (Corporate)
10511 MEDALLION DR.
CINCINNATI, OH 45241
513-771-3100
1-800-678-2321
FAX 513-771-2920

HOLLAND, OH
1-800-677-2321 ext. 471
FAX 419-754-9820

ST. LOUIS, MO
314-968-3055
FAX 314-968-2975

S/M#

NEW ACCOUNT FORM / CREDIT APPLICATION

PLEASE COMPLETE IN FULL - INCOMPLETE INFORMATION WILL DELAY ESTABLISHMENT OF YOUR ACCOUNT

APPLICANT: DATE:

TRADE NAME:

BILLING ADDRESS:

SHIPPING ADDRESS:

CITY: COUNTY: STATE: ZIP:

TELEPHONE #: FAX #: CELL #:

YEAR STARTED: MIN C/L REQ'D: E-MAIL:

TYPE (CHECK ONE):

1 CORP IN STATE OF 2 LLC (MANAGERS NAME REQ'D) 3 PROPRIETORSHIP 4 PARTNERSHIP

PRINCIPAL OWNERS - PARTNERS - OFFICERS - MANAGERS (IF LLC)

FULL LEGAL NAME: HOME ADDRESS: CITY/STATE:

TELEPHONE: SS#: DR LICENSES #:

FULL LEGAL NAME: HOME ADDRESS: CITY/STATE:

TELEPHONE: SS#: DR LICENSES #:

Trade References of Other Distributors

Signed release required

1. 2. 3.

Phone: Phone: Phone:

Fax: Fax: Fax:

Bank Reference

Bank Name: Phone: Fax:

Address: City, State: Zip Code:

Account # Checking: Savings: Loan #:

VERIFICATION

The undersigned hereby verifies that the information contained in this Credit Application, and in all financial statements submitted on behalf of applicant to CDC, are accurate and complete, and made for the purpose of inducing CDC to extend credit to Applicant. Applicant further acknowledges that all invoices are due as stated in the terms, and all balances will, after the terms, incur interest charges of 1.5% per month until paid. Applicant further agrees to pay CDC all costs and expenses incurred by CDC in the collection of any overdue account balance, including but not limited to reasonable attorney fees.

Date Signed

Signature & Title of Applicant

PLEASE ATTACH YOUR LATEST FINANCIAL STATEMENT

PERSONAL GUARANTY
REQUIRED FOR ALL CORPORATIONS

In order to induce CDC to extend credit to Applicant, the undersigned, jointly and severally, hereby personally guaranty absolutely and unconditionally, and on a continuing basis, the payment of all amounts owed by Applicant to CDC, now existing or hereafter arising, including but not limited to all principal balances due, finance charges and costs incurred by CDC in collecting any amounts owed including but not limited to reasonable attorney fees. The undersigned agrees that CDC may proceed directly against the undersigned to obtain collection of any amounts owed without resorting first against the Applicant. The undersigned waived notice of demand or protest. The undersigned represents and warrants that the extension of credit from CDC to Applicant will directly or indirectly, personally benefit the undersigned.

SIGNATURE

DATE

SIGNATURE

DATE



MISSOURI DEPARTMENT OF REVENUE
TAXATION DIVISION

SALES/USE TAX EXEMPTION CERTIFICATE

FORM
149
(REV. 05-2012)

**THIS FORM IS TO BE
GIVEN TO THE SELLER BY
THE PURCHASER**

PURCHASER/SELLER

Caution to seller: In order for the certificate to be accepted in good faith by the seller, the seller must exercise care that the property being sold is exempt. When a purchaser is claiming an exemption for purchases of items that qualify for the full manufacturing exemption and other items that only qualify for the partial manufacturing exemption, the seller must make certain the correct amount of tax is charged for each item purchased.

PURCHASER'S NAME	SELLER'S NAME
DOING BUSINESS AS NAME (DBA)	DOING BUSINESS AS NAME (DBA)
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
PRODUCT OR SERVICES PURCHASED EXEMPT FROM TAX	
PURCHASER'S TYPE OF BUSINESS	PURCHASER'S MO TAX ID NUMBER

RESALE: EXCLUSION FROM SALES/USE

- Purchases of Tangible Personal Property for RESALE: *Retailer's State Tax ID Number* _____ *Home State* _____
(Missouri Retailers must have a Missouri Tax ID Number)
- Purchases of Taxable Services for RESALE (see list of taxable services in instructions): *Retailer's MO Tax ID Number* _____
(Resale certificate cannot be taken by seller in good faith unless the purchaser is registered in Missouri)
- Purchases by Manufacturer or Wholesaler for Wholesale: *Home State:* _____
(Missouri Tax ID Number may not be required)
- Purchases by Motor Vehicle Dealer: *Missouri Dealer License Number* _____
(Only for parts that will be used on vehicles being resold)(Form 149T is required for tire and battery fees)

MANUFACTURING EXEMPTIONS - FULL EXEMPTIONS: (These exemptions apply to state and local sales and use tax.)

- INGREDIENT OR COMPONENT PART
- MANUFACTURING MACHINERY, EQUIPMENT, AND PARTS
- MATERIAL RECOVERY PROCESSING
- PLANT EXPANSION
- RESEARCH AND DEVELOPMENT OF AGRICULTURAL BIOTECHNOLOGY PRODUCTS AND PLANT GENOMICS PRODUCTS AND PRESCRIPTION PHARMACEUTICALS

DESCRIBE PRODUCT OR SERVICES PURCHASED EXEMPT FROM TAX

SALES/USE TAX

MANUFACTURING EXEMPTIONS - PARTIAL EXEMPTIONS: (These exemptions only apply to state tax (4.225%) and local use tax, but not local sales tax. The seller must collect and report local sales taxes imposed by political subdivisions.)

- RESEARCH AND DEVELOPMENT
- MANUFACTURING CHEMICALS AND MATERIALS
- MACHINERY AND EQUIPMENT USED OR CONSUMED IN MANUFACTURING
- MATERIALS, CHEMICALS, MACHINERY, AND EQUIPMENT USED OR CONSUMED IN MATERIAL RECOVERY PROCESSING PLANT

DESCRIBE PRODUCTS OR SERVICES PURCHASED EXEMPT FROM STATE TAX AND LOCAL USE TAX, BUT SUBJECT TO LOCAL SALES TAX

UTILITIES/ENERGY AND WATER USED OR CONSUMED IN MANUFACTURING (**MUST COMPLETE BELOW**)

PURCHASER'S MANUFACTURING PERCENTAGE _____%

PURCHASER'S METHOD OF CALCULATION

SQUARE FOOTAGE USE ANALYSIS

OTHER _____

ENERGY ACCOUNT NUMBER(S) _____

OTHER SALES/USE EXEMPTIONS:

- AGRICULTURAL
- COMMON CARRIER (ATTACH COMPLETED FORM 5095)
- LOCOMOTIVE FUEL
- AIR AND/OR WATER POLLUTION CONTROL MACHINERY, EQUIPMENT, APPLIANCES AND DEVICES

OTHER _____

SIGNATURE

SIGNATURE:

UNDER PENALTIES OF PERJURY, I SWEAR OR AFFIRM THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AS TO EVERY MATERIAL MATTER. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens.

AUTHORIZED SIGNATURE (PURCHASER OR PURCHASER'S AGENT)	TITLE	DATE
_____	_____	____/____/____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.