| *** INTERNAL USE ONLY *** | | | | | | | | | | |
|---------------------------|-------|--|--|--|--|--|--|--|--|--|
| Setup By: _ | Date: | | | | | | | | | |

CONTRACT

BETWEEN

Yorkshore Sales & Marketing, INC.1356 Bennett Drive | Longwood, FL 32750 | 866-996-7563 | f: 207-363-5643

| PURCHSER INFORMA | TION | | AND |) | | | | | | |
|---|---|--|---|---|---|---|--|---|--|--|
| Company Name: | | | | Driver License#: | | | | | | |
| Business Address : | | | | EIN# or Social Security# (for Sole Proprietorship): | | | | | | |
| City:St | | Business Telephone#: () | | | | | | | | |
| Website: | | Point of Contact: | | | | | | | | |
| | | | | | | | | | | |
| PAYMENT/CREDIT Re Circle type | Cash (prepaid before delivery) | | | | | | | | | |
| of payment: | Credit Card (Visa, Mastercard) Line of Credit (Must list at least 2 trade references below.) | | | | | | | | | |
| TYPE OF BUSINESS | | | | | | | - | | | |
| Corporation (List officers names below) Limited Liability Company (LLC) (list members names below) | | | | | | | | | | |
| | Partnership (list partners names below) Sole Proprietorship (list owner's name below) | | | | | | | | | |
| Circle type of business: | NAME | HOME ADDRESS | CI | TY | STATE | ZIP | P TITLE | | Rent or Own | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| BUSINESS HISTORY | | | | T | | | | | | |
| Date Business Started: | | | | Date of incorporation: | | | | | | |
| State where incorporated: | | | | # of employees: | | | | | | |
| BANK(S) INFORMATI | ON | | | | | | | | | |
| Bank Name: | | | | Bank Name: | | | | | | |
| Address: | | | | Address: | | | | | | |
| City: State: Zip code: | | | | City: State: Zip code: | | | | | | |
| Phone#: () | | | | Phone#: () | | | | | | |
| Account#: | | Account#: | | | | | | | | |
| TDADE/BUTSNESS DE | EEDENCES (EIO | oring Industry) *Places no | oto: Poo | no Distributo | rc Chai | v Mohawk | and Hainer | do not su | nnly references * | |
| NAME | FERENCES (FIO | (Flooring Industry) *Please note: Bo ADDRESS | | CITY | | STAT | | | PHONE# | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| TAX CERTIFICATE NUMB | BER: | | (| (Must fax co | py of Ta | x Certificate | for tax ex | emption.) | | |
| | | | | | | | | | | |
| acceptance of the terms and co that he is duly authorized to act partnership, the undersigned purchases and obligations al guarantee is to be construed as This agreement is subject to the EXISTS NO WARRANTY OF A | nditions a set forth in t on behalf of said cor d personally and in rising hereunder in a continuing guarant e terms and condition NY KIND, EITHER, E | on by the parties hereto. However this agreement. In the event the poration and to bind said corporati his individual capacity, unless consideration for the seller agree and shall apply to any and all irs as set forth on the reverse side a EXPRESS OR IMPLIED, INCLUDIRER UNLESS OTHERWISE SPEC | purchaser ion to the to otherwise reeing to andebtedness and purcha | is a corporation, terms of this agr e specified here supply said pui ss, renewals, and aser and guarant VARRANTY OF I | , the unde reement. I ein does h rchaser w d all subse or does he MERCHAN | rsigned, on beha In addition, if the sereby agree to with goods and quent purchases are by acknowled ITABILITY OR to sereby acknowled to the sereby ac | alf of said cor the purchase of fully guara merchandis made by sai ge receiving a OF FITNESS | poration does er is a corpor antee prompt e arising her id purchaser (o a copy of this o FOR ANY PA | hereby acknowledge ration or t payment of all refrom. This debtor) from the seller contact. THERE | |
| EMAIL ADDRESS: | | | *** | REQUIRED fo | or digita | l invoicing. | | | | |
| OWNER/OFFICER NAME PRINT(s): | | | | SELLER: Yorkshore Sales & Marketing Inc. | | | | | | |
| OWNER/OFFICER SIGNATURE: | | | | Yorkshore Sales Representative: | | | | | | |

Terms: Invoices are net 30. Completed credit app, reference responses, and 50% pre-payment required on first order.