

(914) 472-1700 - www.dilmaghani.com

APPLICATION FOR WHOLESALE BUYERS - PAGE 1 of 2						
Company NameAttention/Contact						
Mailing AddressCity		State			`	
Shipping Address		State		Ζιρ		
City		State		Zip		
County where business is located	d					
Telephone No. ()	Fax No.(_	Fax No.()		Email Address		
Federal ID No.	F	Resale No		State		
	OF	RGANIZATION				
[_] Corporation [_] Partnership [_ Date of Formation/Incorporation] Proprietorship [_]	Individual [_] O _, 19 State (ther of			
List home address and home tele (whether actively involved in bus interest in business.						
TitleNameHome	Address	CityS	StateZip	Area	lome Phone	
				()		
				()		
				/ \		
				()		
List any past or present d/b/a or a	assumed business	names, related o	company, subsi	idiary:		
Have you ever closed a location of	or gone out of busin	ness? If so, plea	se list former n	ame(s) / loo	cation(s):	
		FACILITIES				
Showroom Address (if different from	om above)					
addresscity			(_)		
Please describe your type of busi	ness/products/serv	-state /ices:	zıpphone	9		
Other products: [] Carpeting [] I	Machine Made Ruc	gs [] Furniture [] Fabrics [] C	ther	 	
Landlord of business premises: _				Phone (
Branch Location Address:					 	
Landlord of Branch Location				Phone (

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TRADE REFERENCES

Please list four references - Oriental rug suppliers preferred. Company Name ------Address ------Address ---------City--------State-------Area--------**BANK REFERENCES** Bank Name Acct # with Bank------ # Years Address City/St/Zip Contact at Bank Bank Name Acct # with Bank------ # Years Address City/St/Zip Contact at Bank **FILINGS** Please list any financing statements filed: Secured Party------When Filed ------Where Filed-----Please indicate if any of the above financing statements include after acquired collateral. ATTACHMENTS NECESSARY TO COMPLETE APPLICATION 1) Financial statements or business tax returns for the three most recent years of operation. 2) Photographs of exterior and interior of your business premises - snapshots are acceptable. **CERTIFICATION** I, _____(individual), certify that I am the _____(title) of (name of business entity) and that all of the information and representations contained herein are true and submitted for the purpose of obtaining credit. I acknowledge that if credit is extended to the undersigned company, all past due amounts will bear interest at the maximum rate allowed by law. I hereby authorize the release of all credit information from the above companies to Dilmaghani.

> Return application original and all necessary attachments by mail or courier (not fax) to: DILMAGHANI - 540 Central Park Avenue - Scarsdale - NY - 10583

Name Printed Title Date (/ /)

Signature _____