



Noble House, Inc.

10010 Pioneer Blvd., Ste. – 101
Santa Fe Springs,
CA 90670
USA

Email: info@noblerugs.com
Web: www.noblerugs.com
Phone: 562-801-9915
Fax: 562-801-9916

CUSTOMER ACCOUNT AND CREDIT APPLICATION FORM

Business/Company Name _____ Phone _____
Billing Address _____ Fax _____
City _____ State _____ Zip _____ Email _____
Shipping Address (If other than billing address) _____
City _____ State _____ Zip _____ Phone _____
Federal Tax ID # _____ Resale Tax ID # _____ D&B # _____
(Please Provide A Copy) (Please Provide A Copy)
Ownership -- () Cooperation, () Partnership, () Proprietorship, () Other (Specify) _____

PRINCIPAL, DIRECTORS, PARTNERS, OFFICERS

Name 1. _____ Title _____ S.S.N. # _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____
Name 2. _____ Title _____ S.S.N. # _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____
Name 3. _____ Title _____ S.S.N. # _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____

BANK INFORMATION

Bank Name _____ Account # _____
Address _____ City _____ State _____ Zip _____
Contact _____ Phone _____ Fax _____



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TRADE REFERENCES

Company Name 1. _____ Account # _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____

Company Name 2. _____ Account # _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____

Company Name 3. _____ Account # _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____

Applicants hereby confirms and agrees that the information submitted is true and correct and authorizes **Noble House, Inc.** to investigate the applicant's and /or its officer's credit through credit reporting agencies.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Print Name 1. _____ Print Name 2. _____

Please Note: Please provide all requested information. Incomplete form will not be accepted.

GAURANTEE OF PAYMENT

Noble House, Inc.'s term of sale are specified on Noble House, Inc's invoice and the sum of each invoices are due and payable on the due date specified by the terms. Invoices not paid within terms of invoice will be assessed at 1.5% per month Finance Charge. I/We understand and agree that the information provided is for the purpose of obtaining credit. I/We further understand and agree that all the account or monies due to **Noble House, Inc.** shall be paid in accordance with the Credit Terms stated above and agree to pay all reasonable costs of collection, in addition to any court costs and/or attorney fees incurred. I/We authorize investigation of all credit references listed. I do hereby guarantee payment of any indebtedness incurred by virtue of any and all credit extended in accordance with the above agreement and all of its terms and conditions.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Print Name 1. _____ Print Name 2. _____

Please mail this form along with a copy of Federal Tax ID, Resale Tax ID to the address of Noble House, Inc.

For office use only

Date _____ Credit Limit \$ _____ Denied _____

Comments _____