

STARK

CONFIDENTIAL ACCOUNT APPLICATION ALL NEW ACCOUNTS ARE PROFORMA ACCOUNTS

**Required Fields*

COMPANY INFORMATION

*Check One: Corporation LLC Partnership Sole Proprietorship

*Company Name

*Contact

*Billing Address

*City

*State

*Zip

*Phone

Fax

*Email

Federal ID#

Company Website

I would like to be enrolled in receiving my invoices and statements electronically

Bank Reference

Account #

Bank Contact

Phone

*Type of Business: Interior Designer Architect Purchasing Agent Retail Store Other: _____
Specialty:
 Residential
 Hospitality
 Commercial
 Purchasing

OWNER INFORMATION

Owner's Full Name

SS#

Owner's Address

City

State

Zip

I agree to pay interest at a rate of 1½% per month (18% per annum) for all unpaid past due invoices. I also agree to pay reasonable costs of collection, including attorney's fees, in the event of my failure to pay any unpaid balance. In consideration of the receipt of goods and services by said firm, the undersigned does contractually and personally guarantee all payments, interest and fees by said firm in the event of any collection of any unpaid balances. I have read and understand these terms set forth within this account application and fully agree to the terms and conditions.

*Authorized Signature

Title

Date

Have you already been working with a salesperson?

If yes, please provide name:

Please tell us a little about your business and what you look for in an Account Manager so we can assign the perfect fit for your firm:

Please obtain and submit a copy of your resale certificate for the following states to remove your sales tax liability:

Arkansas, California, Colorado, Connecticut, D.C., Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Nebraska, Nevada, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming

Please note additional states may be added due to new sales tax rules. If you have any questions, please contact the credit department.

Once application has been completed, it should be submitted to credit@starkcarpet.com for further review along with copies of your resale certificate(s). It can also be provided directly to your salesperson for submission or you can mail or fax the documents to:

Stark Carpet
Credit Department
197 Boling Industrial Way
Calhoun, GA 30701
Fax: (470)-313-3911

ST-3 (03-17)

State of New Jersey
DIVISION OF TAXATION

SALES TAX
FORM ST-3

RESALE CERTIFICATE

The seller must collect the tax on a sale of taxable property or services unless the purchaser gives him a fully completed New Jersey exemption certificate.

PURCHASER'S NEW JERSEY
TAXPAYER REGISTRATION NUMBER*

To be completed by purchaser and given to and retained by seller. See instructions on back.
Seller should read and comply with the instructions given on both sides of an exemption certificate.

TO Stark Carpet Corp _____ Date _____
(Name of Seller)
12 Mt Kemble Ave _____ Morristown _____ NJ _____ 07960 _____
Address City State Zip

The undersigned certifies that:

(1) He holds a valid Certificate of Authority (number shown above) to collect State of New Jersey Sales and Use Tax.

(2) He is principally engaged in the sale of (indicate nature of merchandise or service sold):

(3) The merchandise or services being herein purchased are described as follows:

(4) The merchandise described in (3) above is being purchased: (check one or more of the blocks which apply)

(a) For resale in its present form.

(b) For resale as converted into or as a component part of a product produced by the undersigned.

(c) For use in the performance of a taxable service on personal property, where the property which is the subject of this Certificate becomes part of the property being serviced or is later transferred to the purchaser of the service in conjunction with the performance of the service.

(5) The services described in (3) above are being purchased: (check the block which applies)

(a) By a seller who will either collect the tax or will resell the services.

(b) To be performed on personal property held for sale.

I, the undersigned purchaser, have read and complied with the instructions and rules promulgated pursuant to the New Jersey Sales and Use Tax Act with respect to the use of the Resale Certificate, and it is my belief that the seller named herein is not required to collect the sales or use tax on the transaction or transactions covered by this Certificate. The undersigned purchaser hereby swears under the penalties for perjury and false swearing that all of the information shown in this Certificate is true.

NAME OF PURCHASER* _____ (as registered with the New Jersey Division of Taxation)

(Address of Purchaser)*

Type of Business*
By _____
(Signature of owner, partner, officer of corporation, etc.)* (Title)

*Required

MAY BE REPRODUCED
(Front & Back Required)

STARK®

PRESTIGE
MILES

Scalmanandre

PAYMENT ADDRESS: *(Only if different from above)*

REMIT TO NAME: _____

Must match business or D.B.A name

ADDRESS: _____

AR CONTACT NAME: _____

PHONE #: _____

EMAIL: _____

PAYMENT TERMS: _____

** Payment terms not defined will be set to NET 30DAYS*

Provide a password to make changes to your information in our system: _____

This password must be provided for any future changes requested to account info, e.g.: address change

Other Payment Type Acceptance Other Than Checks *(Chek all that apply)*:

Credit Card ACH Wire Transfer

The person below affirms the accuracy of the information contained herein.

Signature: _____

Print Name: _____

Title: _____

For Stark Internal Use Only:

Employee submitting: _____

Department: _____

Product/Service Provided by Vendor/Supplier: _____

Manager Approval: _____ Credit Approval: _____

VP Approval: _____

Approval Restrictions: _____

STARK®

PRESTIGE
MILLS

Scalamandre

COMPANY CONDUCTING BUSINESS WITH: STARK CARPET STARK SCALAMANDRE PRESTIGE MILLS

Has your company conducted business with us under another name? If so, which name? _____

BUSINESS or INDIVIDUAL NAME: (as shown on your income tax return & linked to EIN/Tax Id/SS # provided on IRS W9)

DATE: _____

TRADING AS (D.B.A):

ORGANIZATION TYPE:

SOLE OWNER

LLC

CORPORATION

PARTNER

ADDRESS:

PHONE #: _____

FAX #: _____

CONTACT: _____

DUNS #: _____

WEB ADDRESS: _____

EMAIL ADDRESS: _____

EIN / TAX ID / SS # (Must attach completed W-9 form. We cannot process this request without completed W-9.) or VAT:

Ownership: Corporation LLC Partnership Sole Owner

Principals or Owners:

1. Name: _____

Business Title: _____

Home Address: _____

3. Name: _____

Business Title: _____

Home Address: _____

2. Name: _____

Business Title: _____

Home Address: _____

4. Name: _____

Business Title: _____

Home Address: _____

Do any of the owners, principles or key employees of Vendor have any relationships with any Stark, Prestige or Scalamandre employees?

YES NO

If yes, please explain _____

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see Instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See Instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
[] [] [] [] - [] [] - [] [] [] []	
or	
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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here

Signature of
U.S. person ▶

Date ▶

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.