



Compass Flooring Solutions, inc.
 80 Industrial Way
 Wilmington, MA 01887
 978-657-6464 / Fax: 978-694-0433

C O M P A S S

Confidential Credit Application

Legal Company Name: _____ Date: _____

D/B/A or Other Names used: _____ Email: _____

Please provide us an email address so we can
 Notify you on the status of your application

Bill to Address:

Ship to Address:

Phone: _____ Fax: _____

Owner/Officer: (Please print name and title) _____

Accounts Payable Contact: (Please print name) _____

____ Corporation ____ Partnership ____ Proprietorship

How long in business: _____ Premises: ____ own ____ lease

Have we ever sold to you before or to any present or former affiliate? ____ Yes ____ No

If yes, under what name and when: _____

Please Print Name, Telephone, Fax number and Contact name of Trade References.

NAME	TELEPHONE#	FAX#	CONTACT

Name of Bank	Phone Number	Account Number
		Checking:
Loan Officer	Fax:	Savings: