



Dilmaghani - 540 Central Park Avenue, Scarsdale, NY 10583

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

APPLICATION FOR WHOLESALE BUYERS - PAGE 1 of 2

Company Name _____
 Attention/Contact _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Shipping Address _____
 City _____ State _____ Zip _____
 County where business is located _____
 Telephone No. (____) _____ - _____ - Fax No.(____) _____ - _____ Email Address _____
 Federal ID No. _____ Resale No. _____ State _____

ORGANIZATION

Corporation Partnership Proprietorship Individual Other _____
 Date of Formation/Incorporation _____, 19____ State of _____

List home address and home telephone No. of all officers, partners, owners or principals; list name of spouse (whether actively involved in business or not); list names of children or other relatives active in business or owning interest in business.

Title	Name	Home Address	City	State	Zip	Area	Home Phone
_____	_____	_____	_____	_____	_____	(____)	____-____
_____	_____	_____	_____	_____	_____	(____)	____-____
_____	_____	_____	_____	_____	_____	(____)	____-____
_____	_____	_____	_____	_____	_____	(____)	____-____
_____	_____	_____	_____	_____	_____	(____)	____-____

List any past or present d/b/a or assumed business names, related company, subsidiary:

Have you ever closed a location or gone out of business? If so, please list former name(s) / location(s):

FACILITIES

Showroom Address (if different from above)

_____ (____) ____-____
 address _____ city _____ state _____ zip _____ phone

Please describe your type of business/products/services:

Other products: Carpeting Machine Made Rugs Furniture Fabrics Other _____
 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 -----City-----State-----Area-----Phone

BANK REFERENCES

Bank Name _____ () - () -
Bank's Phone ----- Fax

Address _____ Acct # with Bank----- # Years

City/St/Zip _____ Contact at Bank

Bank Name _____ () - () -
Bank's Phone ----- Fax

Address _____ Acct # with Bank----- # Years

City/St/Zip _____ Contact at Bank

FILINGS

Please list any financing statements filed:

Secured Party-----Collateral-----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.

Signature _____

Name Printed _____ Title _____ Date (/ /)

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