

MF MOHAWK INDUSTRIES INC. APPLICATION & CARDHOLDER AGREEMENT

NOTICE TO MARRIED WISCONSIN RESIDENTS: No provision of a marital property agreement, a unilateral statement under Sec. 766.59 Wis. Statutes, or a court decree under Sec. 766.70 Wis. Statutes, adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the creditor is incurred. If you are married, you acknowledge that this account is being opened in the interest of your marriage or family. If you are applying for individual credit or joint credit with someone who is not your spouse, combine your and your spouse's financial information on the application form. If your spouse also is a Wisconsin resident, we are required by law to obtain the name and address of your spouse.

A credit service of GE Capital Consumer Card Co., an Ohio bank ("GE Card Services").

APPLICANT INFORMATION

NAME (FIRST-MIDDLE-LAST) • PLEASE PRINT				DATE OF BIRTH		SOCIAL SECURITY NO.	
PRESENT ADDRESS		APT. #	CITY	STATE	ZIP	TIME AT ADDRESS Yrs. ___ Mos. ___	
PREVIOUS ADDRESS (IF LESS THAN 1 YEAR AT PRESENT ADDRESS)				CITY	STATE	ZIP	HOME PHONE NO. () -
NAME OF PRESENT EMPLOYER			MONTHLY NET INCOME FROM ALL SOURCES *		EMPLOYER'S PHONE NO.		TIME AT JOB Yrs. ___ Mos. ___
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU/RELATIONSHIP			RELATIVE'S PHONE NO. () -		HOUSING INFORMATION <input type="checkbox"/> PARENTS/RELATIVE <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER		MORTGAGE/RENT PAYMENT \$ _____

*Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit.

CO-APPLICANT INFORMATION

(COMPLETE ONLY IF JOINT CREDIT — CO-APPLICANT WILL RECEIVE A "MOHAWK FLOORSCAPES CREDIT CARD")

NAME (FIRST-MIDDLE-LAST) • PLEASE PRINT				DATE OF BIRTH		SOCIAL SECURITY NO.	
PRESENT ADDRESS IF DIFFERENT FROM ABOVE		APT. #	CITY	STATE	ZIP	HOME PHONE NO. () -	
NAME OF PRESENT EMPLOYER			MONTHLY NET INCOME FROM ALL SOURCES *		EMPLOYER'S PHONE NO. () -		

*Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit.

By signing this application, I ask that GE Capital Consumer Card Co. ("you") issue me a Mohawk Floorscapes credit card. I am providing this information both to you and to Mohawk Carpet Corporation. I also authorize and direct you to furnish information about me (including whether this application is approved or declined) and, if it is approved, information about my Account, to Mohawk Carpet Corporation (and its affiliates) for use in connection with the Mohawk Floorscapes Credit Card program, including to create and update their customer records for me, to assist them in better serving me, and to provide me with notices of special promotions, catalogs and tailored offerings. I affirm that the information I have submitted is complete and truthful and that my Account will be used only for personal, family and household purposes. I authorize you to make inquiries you consider necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating my application, and subsequently, for purposes of reviewing, maintaining or collecting my account. Upon my request, you will advise me of the name and address of each consumer reporting agency from which you obtained a report. I also understand that the Mohawk Industries Inc. credit card agreement (the "Agreement") attached to this application will govern my Account, the terms of which are hereby incorporated by reference into and made a part of this application, and that these TERMS INCLUDE AN ARBITRATION PROVISION WHICH MAY SUBSTANTIALLY LIMIT MY RIGHTS. My signature on this application represents my signature on the Agreement. I acknowledge that under the Agreement, I grant you a security interest in goods purchased on the Account, as permitted by law. I understand that there is no agreement between us until you approve my application, and that if approved, our Agreement will be deemed to have been made in Ohio. I understand that I may apply for my own Account regardless of my marital status. After credit approval and subject to the governing credit agreement, each Applicant may use this Account and will each be liable for all credit extended under this Account to any Applicant or Authorized User.

Signature of Applicant

Signature of Co-Applicant (If Applicable)

X
(Please Do Not Print)

Date

X
(Please Do Not Print)

Date

PROTECT YOUR ACCOUNT WITH CHARGEgard

* Please read insurance disclosure on reverse side before signing.

By signing the enrollment form to elect insurance, I acknowledge that I have received and read the disclosures that are set forth above the Summary of Insurance Coverages.*

By electing optional Chargegard insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage from any insurer I choose. Chargegard includes credit life, disability, involuntary unemployment and leave of absence to the extent available in my state as described in the Summary of Insurance. I read and I meet the age and/or employment eligibility requirements shown in Summary. Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime. By signing below, you acknowledge that (1) CONSUMER CREDIT INSURANCE IS NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS YOU SIGN AND AGREE TO PAY THE ADDITIONAL COST; (2) YOU MAY OBTAIN CREDIT INSURANCE FROM ANYONE YOU CHOOSE.

SIGN HERE BIRTH DATE / / DATE / /

YES, please enroll me in ChargeGard credit insurance.

SIGN HERE DATE / /

NO, do not enroll me in Chargegard credit insurance. N1990-0299 [NonStd ID #18]

FOR RETAILER USE ONLY (Validation of Customer I. D.)

RETAILER #	ACCOUNT #	KEY #	AMOUNT OF INITIAL TRANSACTION	
APPLICANT 1st ID TYPE/NUMBER # <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government	ISSUANCE STATE	EXP. DATE	APPLICANT 2nd ID (CREDIT CARD TYPE & ISSUER)	EXP. DATE
CO-APPLICANT 1st ID TYPE/NUMBER # <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government	ISSUANCE STATE	EXP. DATE	APPLICANT SIGNATURE MATCH <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANT PHOTO MATCH <input type="checkbox"/> YES <input type="checkbox"/> NO
RETAILER PHONE #	RETAILER FAX #			