



APPLICATION FOR C.O.D. ACCOUNT

Sales Person

Account Number

I / We request to have a "Collect On Delivery" or C.O.D. account to purchase parts and products from Seattle Automotive Distributing, Inc.

Legal Business Name				Trade Style, D.B.A., Other		
Street Address				P.O. Box		UBI #
City	State	Zip Code - + 4		City	State	Zip Code - + 4
Business Phone () -		Length of Time Under Present Ownership			Fax# () -	
Sole Proprietorship		Partnership	Corporation	Chapter	Subsidiary Division	Name Location
Owner's Full Name				Title		Federal Tax ID#
Owner's Residence Street Address				E-Mail Address		
City	State	Zip Code - + 4		Residence Phone # () -		

TERMS AND CONDITIONS

I / We agree to pay this account in accordance with Seattle Automotive Distributing, Inc.'s COD terms, which are Collect On Delivery for invoices billed. I / We also agree to pay, in the event payment shall not be made when due, all costs of collection, and I / we further agree that in case suit is instituted to collect any amounts due, to pay such additional sums as the court may adjudge reasonable as attorney's fees.

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY INVOICES IN ACCORDANCE WITH THESE TERMS.

Firm Name	Authorized Signature & Title	Date

The above information is for the purpose of obtaining credit and is warranted to be true / We understand all information is strictly confidential.

Please fax completed application and reseller permit to: 253-804-3223