Accounts Payable Contact						
Name						
Phone #						
Email						



CREDIT APPLICATION LOCAL, STATE & FEDERAL MUNICIPALITIES

Sales Person

Account Number

This statement is made for the sole purpose of establishing credit with SEATTLE AUTOMOTIVE DISTRIBUTING, INC. and the information herein contained is complete and truthful. Seattle Automotive Distributing, Inc. has authority to obtain financial information as necessary in establishing and maintaining this request for credit.

I / We request credit in the amount of \$______. I / We understand this credit line, once established, is not a fixed figure. It may be raised or lowered at the discretion of Seattle Automotive Distributing, Inc. The establishing of this credit limit is intended to aid both Seattle Automotive distributing, Inc. and myself / ourselves to plan our financial needs.

Legal Municipality Name				D.B.A., Department, Other				
Delivery Address			Mailing Address					
City	State	Zip Code - + -	4	City		State	Zip Code - + 4 -	
Business Phone #				-	Fax#			
() -					()	-		
E-mail Address				Subsidiary		Name		
				Division		Location		
Contact Name(s)			•	Title		Federal Tax I UBI #	D #	

I /We agree to pay this account in accordance with Seattle Automotive Distributing, Inc.'s regular terms, which are **NET 10th OF THE MONTH FOLLOWING PURCHASE**. I / We understand that any balance not paid within those terms will be assessed a 1.5% Finance Charge. I / We understand and agree that the purpose of the late charge is to induce payment of the obligation. I / We also agree to pay, in the event payment shall not be made when due, all costs of collection, and 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.

GOVERNMENT BRANCH / DEPARTMENT	Authorized Signature & Title	Date

Please fax completed application and resale certificate to: 253-804-3223