

Accounts Payable Contact

Name _____
Phone # _____
Email _____



Locally Owned & Operated Since 1983

APPLICATION FOR C.O.D. ACCOUNT

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 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# () - | | |
| Individual | 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. Applicant is signing this under personal guarantee.

| | | | |
|-----------|--|------------------------------|--|
| | | | |
| 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 resale certificate to: 253-804-3223