

**Accounts Payable Contact**

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_



Locally Owned & Operated Since 1983

**CREDIT APPLICATION**

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 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 # ( ) -		

**SUPPLIERS INFORMATION - CREDIT REFERENCES**

Company Name	Account Number	Contact Name	Phone # ( ) -
Address		City	State Zip Code
Company Name	Account Number	Contact Name	Phone # ( ) -
Address		City	State Zip Code
Company Name	Account Number	Contact Name	Phone # ( ) -
Address		City	State Zip Code

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. 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. I / We understand all information is strictly confidential.

By signing above I / We hereby authorize the firm to whom application is made to investigate the references listed to our credit & financial responsibility.

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