

**Accounts Payable Contact**

Name \_\_\_\_\_

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

Email \_\_\_\_\_



**Locally Owned & Operated Since 1983**

**APPLICATION FOR WEEKLY FRIDAY 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 Weekly" or "Friday Account" 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 #<br>( ) -        |                     | Length of Time Under Present Ownership |                |                            | Fax#<br>( ) -       |                  |                |
| 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 #<br>( ) - |                     |                  |                |

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.

**TERMS AND CONDITIONS**

I / We agree to pay this account in accordance with Seattle Automotive Distributing, Inc.'s COD terms, which are Collect Weekly 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.

As per your request, we will open a Weekly C.O.D. / "Friday Account" in your name, otherwise known as our "Friday Account".

Following is a brief summary of our terms and procedures concerning the Weekly C.O.D. Accounts.

- 1) Weekly/ COD "Friday Accounts" - Our drivers will deliver to your business a weekly statement on Thursday of charges that were made the week prior; i.e., from Thursday the previous week to present. This statement must be paid in full on Friday.
- 2) Our drivers will return to your business on Friday to collect this payment. Our drivers do not carry money, exact payment by Cash, Check or Money Order would be helpful. Please have payment ready. We do accept Visa & MasterCard which you will need to call our office to make credit card payments.
- 3) Our drivers are not authorized to deduct or reimburse you for returns, credits or cores. Your returns & cores will be posted on your weekly statements. You can not deduct returns prior to them being posted on your statement.
- 4) If a payment is not made on your weekly account, the account status will change without notice to a C.O.D. account until the account is current.

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