| Accounts Payable Contact | |
|--------------------------|--|
| Name | |
| Phone # | |
| Email | |



APPLICATION FOR WEEKLY FRIDAY ACCOUNT

| Sales Person | | | | Account Number | | | | |
|--|------------------|------------------|------------------------------|----------------------------|-----------------|-----------------|---------------------|--|
| This statement is made for | , INC, and the | | | | | | | |
| information herein containe | d is complete a | and truthful. Se | attle Automot | ive Distributing | , Inc. has auth | ority to obtain | financial | |
| information as necessary in | n establishing a | and maintaining | this request | for credit. | | | | |
| I / We request to have a "C | ollect On Deliv | ery Weekly" or | "Friday Accor | unt" account to | purchase par | ts | | |
| and products from Seattle A | Automotive Dis | tributing, 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 | | | | Fax# | | | | |
| () - Present Ownership | | | | () | - | | | |
| Sole Proprietorship | Partnership | Corporation | Chapter | Subsidiary | | Name | | |
| | | | | Division | | Location | | |
| Owner's Full Name | | | | Title Federal Tax ! | | O # | | |
| Owner's Residence Street Address | | | | | E-Mail Address | | | |
| City | State | Zip Code - + 4 | <u></u> | Residence Phone # | | | | |
| | | 2 | | () | - | | | |
| APPLICANTS SIGNATURE | ATTESTS FIL | NANCIAL RES | PONSIBILITY | r, ABILITY AN | D WILLINGNE | SS TO PAY IN | IVOICES IN | |
| ACCORDANCE WITH THE | SE TERMS. A | Applicant is sig | ning this unde | er personal gua | arantee. | | | |
| | | | | | | | | |
| 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 Weekly 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" Weekly statements will be emailed on Thursday of charges that were made the week prior; i.e.., from Thursday the previous week to present.
- 2) Statements are to be paid in full on Friday. We can send our drivers to pick up cash, check, or you can make arrangements with Accounts Receivable to pay by credit card. Our drivers do not carry cash so exact payment would be helpful.
- 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 email completed application and Reseller Permit to: AR@seattleautomotive.com