



# AFCO DISTRIBUTION

11016 E. Montgomery Drive, Spokane Valley, WA 99206  
1-800-538-8700 509-455-7471 FAX 509-455-5635

## ACCOUNT APPLICATION

This application must be completed in full and signed by a principal owner of your company.  
Thank you for the time taken to complete this important information about your business.

<b>SHIP TO ADDRESS:</b>			<b>BILL TO ADDRESS:</b>		
NAME OF BUSINESS _____			NAME _____		
NUMBER _____	STREET _____		NUMBER _____	STREET _____	
CITY _____	STATE _____	ZIP _____	CITY _____	STATE _____	ZIP _____
CONTACT PERSON _____		PHONE _____	CONTACT PERSON _____		PHONE _____
Is Store Accessible to Semi-Trucks for Deliveries? <input type="checkbox"/> Yes <input type="checkbox"/> No Store Hours: _____					
<b>TYPE OF BUSINESS:</b>			<input type="checkbox"/> CORPORATION: <input type="checkbox"/> INDIVIDUAL OWNER <input type="checkbox"/> PARTNERSHIP		
<b>OFFICERS/PRINCIPALS/OWNERS</b>					
PRESIDENT		ADDRESS _____		S.S.N. _____	
OTHER		ADDRESS _____		S.S.N. _____	
OTHER		ADDRESS _____		S.S.N. _____	
IF SUBSIDIARY CORPORATION GIVE PARENT CORPORATION					
NAME _____			STATE _____		
YEARS IN BUSINESS _____			TAX EXEMPT # _____ (Attach Copy of certificate)		
NAME _____		HOME: STREET _____	CITY _____	PHONE _____	S.S.N. _____
NAME _____		HOME: STREET _____	CITY _____	PHONE _____	S.S.N. _____
<b>BANK:</b> _____					
NAME _____		ADDRESS _____		ZIP _____	PHONE _____
CKG. ACCT. # _____		SVGS. ACCT. # _____		LOAN# _____	
BANK OFFICER _____			PLEASE ATTACH FINANCIAL STATEMENT CREDIT REQUESTED \$ _____		
<b>MAJOR SUPPLIERS:</b>					
Company Name	Address		City	State/Zip	Phone & Fax
1. _____					
2. _____					
3. _____					

E-Mail \_\_\_\_\_ Fax: \_\_\_\_\_

How would you like to receive your invoices?  E-Mail  Fax

Accounts Payable Contact: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Would you like to have your monthly statements e-mailed to you?  Yes  No

**CREDIT POLICY**

All shipments are considered to be paid upon delivery or pick up. Credit may be applied for by completing a credit application. If approved, you will be notified in writing. Our general policy for new accounts is C.O.D. status for 6 months. Our credit terms of payment are Net 20 days. Payment is due to us 20 days from invoice date. (Not statement date or end of month). Any invoices unpaid past due date will be charged a late fee of 18% per annum.

**TERMS: NET 20 DAYS**

Applicant warrants that the enclosed information has been voluntarily provided and is true. Applicant authorizes AFCO Distribution to investigate its references, statements, credit bureau reports, financial responsibility, or any other information, and to report to others such information and its credit history with Applicant. Applicant authorizes any bank or other grantor of credit to release and/or provide AFCO Distribution information regarding its checking, savings, loan accounts, financial responsibility and indebtedness. Applicant hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Applicant agrees to promptly pay for all purchases it makes, and purchases made by others allowed to use the account, in accordance with the above terms. If Applicant fails to make payments when due, Applicant shall pay all costs and expenses of collection that AFCO Distribution incurs, including reasonable attorney's fees.

All amounts due AFCO Distribution are payable in accordance with the payment terms granted by AFCO Distribution credit department from which the goods and services are delivered. Payments are not considered made until received by AFCO Distribution. If any amount due AFCO Distribution is not made in accordance with such payment terms, a Finance Charge shall be added to the sum due. The Finance Charge shall be determined by multiplying the delinquent balance due, by the lesser of: (a) one and one-half percent (1 1/2 %) per month, or (b) the maximum lawful rate.

Should credit availability be granted by AFCO Distribution, all decisions with respect to the extension and/or continuation shall be at the sole discretion of AFCO Distribution. AFCO Distribution reserves the right to limit and/or terminate any credit availability at any time, in its sole discretion.

This agreement is made in accordance with and shall be governed by the laws of the State of Washington. If any action or any other proceeding shall be brought on or in connection with this Agreement, venue of such action shall be Spokane County, Washington. Washington State law prohibits discrimination in credit transactions because of race, creed, color, national origin, sex, or marital status.

I have read the terms and conditions of this Agreement, and agree to be bound by the same.

\_\_\_\_\_  
Applicant Title Date

**PERSONAL GUARANTEE (Required)**

In consideration for extending credit to \_\_\_\_\_ (the Company), and in consideration for AFCO Distribution agreeing to deal with the Company, the undersigned on behalf of themselves and of their marital communities consisting of themselves and their respective spouses, if married, hereby jointly and severally personally guarantee timely payments to AFCO Distribution of all amounts owed by the company and/or all amounts owed under the Agreement above. This guarantee is unconditional, continuing, and irrevocable for any and all indebtedness incurred by the Company guaranteed. Any statement of account that binds the Company will bind the Guarantor(s). The Guarantor(s) waives any notices requirements of the Company's default and any obligation to proceed against the person directly or contingently liable for this obligation being guaranteed. In furtherance of the preceding waiver, the Guarantor(s) agrees that any payment to AFCO Distribution by it pursuant to this guarantee shall be deemed a contribution to the capital of the Company and such payment shall not constitute the undersigned a creditor of any such party. The Guarantor(s) consent in advance to any modification, renewal, or extension of the Agreement or credit terms guaranteed. If there is more than one Guarantor, their liability shall be joint and several. AFCO Distribution may negotiate and settle with the applicant(s) or any of the undersigned assumed by the Guarantor(s). In the event of default or bankruptcy resulting in collection efforts, litigation or appeals AFCO Distribution shall be entitled to court costs, reasonable attorney fees, and collection costs. The terms of this Personal Guarantee shall be governed by the laws of the State of Washington, and the venue for any legal action arising out of the enforcement of this Guarantee shall be in Spokane County, Washington. I have read the Agreement and Personal Guarantee and I agree to adhere to its provisions.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature of Guarantor(s)  
1<sup>st</sup> owner

\_\_\_\_\_  
In the Individual and community capacity

2<sup>nd</sup> Owner

\_\_\_\_\_  
In the Individual and community capacity

\_\_\_\_\_  
Spouse in the Individual and community capacity

\_\_\_\_\_  
Spouse in the Individual and community capacity

# RESALE CERTIFICATE

1. Name of Seller: \_\_\_\_\_
2. Name of Buyer/Business: \_\_\_\_\_
3. Address of Buyer: \_\_\_\_\_  
Street City State Zip Code
4. Buyer's UBI/Revenue Registration Number: \_\_\_\_\_
5. Buyer is in business of: \_\_\_\_\_
6. Types of items purchased for resale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The buyer certifies that it is purchasing the items listed on line 6 (please check appropriate box):*

- For resale in the regular course of business without intervening use.*
- For use as an ingredient or component part of a new article of tangible personal property to be produced for sale.*
- As a chemical to be used in processing a new article of tangible personal property to be produced for sale, or*
- For use as feed, seed, seedlings, fertilizer, or spray materials in its capacity as a farmer.*

Print Name: \_\_\_\_\_  
Name of Person Authorized By the Buyer to Sign the Resale Certificate

Signature: \_\_\_\_\_  
Signature of Authorized Agent of the Buyer

Effective Date: \_\_\_\_\_ through \_\_\_\_\_  
(Not To Exceed 4 Years)

Date Signed: \_\_\_\_\_

**Seller must maintain a copy. *Please do not send to Department of Revenue.***  
**Reference Rule and Statute (RCW 82.08.130 and WAC 458.20.102)**

To inquire about the availability of this document in an alternate format for the visually impaired or a language other than English, please call (360) 753-3217. Teletype (TTY) users may call (800) 451-7985. You may also access tax information on our Internet home page at <http://dor.wa.gov>.