

# Dealer Application

## General

Firm \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_

## Legal Status

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Other \_\_\_\_\_

How Long in Business? \_\_\_\_\_ Years      How Long At Present Address? \_\_\_\_\_ Years

## Type of Business

Federal ID Number or

Social Security Number \_\_\_\_\_ Resale Number \_\_\_\_\_ Duns Number \_\_\_\_\_

## Trade References (Please list three)

(1) Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

3) Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## Bank References

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## Principals

Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Has the Firm, its successors, or any of its principals filed bankruptcy within the last 10 years?      Yes \_\_\_\_\_ No \_\_\_\_\_

## Purchasing Information

Buyer \_\_\_\_\_ P.O. Required? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_

Disputes as to pricing, materials, or items purchased must be made in writing to Fox Bay Industries, Inc., 4150 "B" Place NW #101, Auburn, WA 98001, within 60 days of sale.

Should credit be approved, I/we hereby promise to pay the outstanding balance in accordance with the terms of sale. I/we agree to pay a service charge of 1 ½ per month on any overdue balance, to pay a reasonable attorney's fees court costs, and all other sums provided by law. I/we agree that all principal(s) personally guarantee these payments.

Venue of any action arising out of any dispute, arbitration, or litigation between the parties concerning this agreement shall be made in King County, Washington. This agreement shall be interpreted and construed in accordance with the laws of the State of Washington.

Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_