

or Kids

Foxfir





P.O. Box 2080 * Yelm, WA 98597 * (800) 344-8225 * Fax (360) 458-2943 New Account Dealer Application and Credit Agreement

Salesman:		Terms:	Credit Limit:	Account Number:		
Business Name:			Trade Name (If different)		
Address			Proprietorship	Partnership	Corporation	
City:	State:	Zip Code:	Annual Sales:	Sq Feet of Store:		
Phone:	Fax	:	Years in Business	Building	Rent Own	
State Resale #:	ale #: Fed ID #:		Your Email Address:			
A/P Contact		Phone	Buyer	Phone		
Credit Limit Requested		_	Desired Account Terms	:		
Name of Principal:			Name of Bank			
Title:		Bank Contact	Acct#			
Home Address:			Bank Address:			
City:	State:	Zip Code:	City:	State:	Zip Code:	
Home Phone			Bank Phone:	Bank Fax #:		
			References			
Please list four references w	vith whom you a	are currently doing but	siness. If you desire you may list	additional references on t	the reverse.	
Name of Reference:			Acct #			
Address:			Phone:			
City, State, Postal Code			Fax Number:			
Name of Reference:			Acct #			
Address:			Phone:			
City, State, Postal Code		Fax Number:				
Name of Reference:			Acct #			
Address:			Phone:			
City, State, Postal Code			Fax Number:			
Name of Reference:			Acct #			
Address:			Phone:			
City, State, Postal Code			Fax Number:	Fax Number:		

Authorization and Agreement

I certify that the above named business is solvent and that the foregoing information has been supplied truthfully, accurately and voluntarily. I have read, understand and agree to all of the terms and conditions on **both** pages of this agreement. I also authorize Foxfire Inc. to investigate my credit worthiness, credit history and financial responsibility through any credit bureau or by any other reasonable means, including contact with past and present creditors. I also authorize banks and other financial institutions to provide information to Foxfire Inc. regarding the status of my accounts.

Signature:

Date:

	Additional References	
Name of Reference:	Acct #	
Address:	Phone:	
City, State, Postal Code	Fax Number:	
Name of Reference:	Acct #	
Address:	Phone:	
City, State, Postal Code	Fax Number:	
Name of Reference:	Acct #	
Address:	Phone:	
City, State, Postal Code	Fax Number:	

Additional Terms and Conditions for Extension of Credit

If any dispute arises as to any goods which are shipped by Foxfire Inc. to the business named on this new account and credit agreement, it is agreed and understood that proper jurisdiction for resolution of any such dispute shall be in Thurston County of the State of Washington. Foxfire Inc. and the Business named on the reverse of this application agree to venue and personal and subject matter jurisdiction in Thurston County of the State of Washington and agree that the prevailing party in any such dispute shall be entitled to recover all reasonable attorneys fees and costs.

As additional consideration for the extension of credit, the party who has signed this agreement personally and unconditionally guarantees payment of all sums owed by the business to whom merchandise is sold or credit is extended, including attorneys fees and costs.

Foxfire Inc. is authorized to charge 1 1/2% per month service charge on all accounts not paid within terms. In the event that the 1 1/2% rate violates any law, then this authorization shall permit the charge of the maximum legal interest rate.

It is agreed and understood that Foxfire Inc. will retain all right and title to all goods obtained from it until payment in full has been made for such goods. It is also agreed and understood that Foxfire Inc. may register a security interest in inventory and inventory proceeeds of the business named in this application under the provisions of the Uniform Commercial Code as security for payment of any amount due without further notice or requirement that a UCC Form 1 be signed by the business named on this application.