



# PLYMOUTH POULTRY COMPANY

4500 7<sup>th</sup> Ave. S. • P.O. BOX 80923 • Seattle, Washington 98108  
Sales (206) 622-2622 1-800-552-7374 FAX: (206) 622-2625



## New Customer Application (Individual Non-Business Account)

Name:

\_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_

Street Address:

\_\_\_\_\_

Fax # (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

### Please Note:

**We do not sell to restaurants but would be happy to refer you to a restaurant supplier.**

**We do not accept Credit Cards for payment; Cash or Checks only.**

**We are open for will calls Monday-Thursday 7:00am-4:00pm; and Friday 7:00am-3:30pm**

**By signing this form, you agree to our return policy.**

### TERMS AND CONDITIONS OF CREDIT RELATIONSHIP

By the signature below, Applicant represents that it has the financial ability to pay all debts incurred.

**This account payment terms will be cash on delivery (COD)** unless otherwise agreed upon in writing. In the event credit is granted, Applicant agrees to pay all amounts owed to Plymouth Poultry Company within (7) days of invoice, unless a different due date is specifically stated on invoices issued. Any amounts not paid by due date shall be subject to a late payment charge of 1.5% per month, or the highest rate allowed by law, if lower. Applicant further agrees to pay all costs of collection, including attorney's fees, incurred by Plymouth Poultry Company in connection with any delinquent account. **A \$35.00 service charge will be assessed for any check returned by a bank.** Applicant hereby submits to the jurisdiction of the State of Washington and agrees that the venue for any action brought pursuant to this agreement shall be in King County, Washington.

Applicant has read and understands these Terms and Conditions of credit relationship, affirms that the information contained in this application is true and correct to the best of the applicant's knowledge. The signor below certifies that he/she is authorized to enter into binding agreements on behalf of Applicant. Applicant should retain a copy of this application as it contains the terms and conditions that will govern the rights of the parties should credit be extended. Should this application be denied, the applicant has the right to be informed of the reason for such a denial; however, such request must be made, in writing, within 60 days of notification of denial.

Print Name: \_\_\_\_\_

Driver's License # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State \_\_\_\_\_

For Internal Use Only  
From WEB

PF Prepared By \_\_\_\_\_

IA \_\_\_\_\_

CH Date \_\_\_\_\_

FB \_\_\_\_\_

Place Driver's License  
**HERE**

(Copy required prior to accepting checks.)