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**BUSINESS / INDIVIDUAL CREDIT APPLICATION & ACCOUNT AGREEMENT**

DATE: \_\_\_\_\_ FED. ID # \_\_\_\_\_

BUSINESS / INDIVIDUAL NAME: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

CHECK ONE: \_\_\_ INDIVIDUAL \_\_\_ SOLE OWNER \_\_\_ PARTNERSHIP \_\_\_ CORPORATION

DELIVERY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

LIST NAME(S) AND TITLES(S) OF CORPORATE OFFICERS, PARTNERS, OWNER  
NAME / TITLE HOME ADDRESS / ZIP CODE SOC. SEC. #

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**BUSINESS / INDIVIDUAL INFORMATION**

YEARS IN BUSINESS \_\_\_ YEARS AT PRESENT ADDRESS \_\_\_ NO. OF LOCATIONS \_\_\_

TYPE OF BUSINESS \_\_\_\_\_ CREDIT LINE DESIRED \$ \_\_\_\_\_

ARE PURCHASES FOR RESALE? \_\_\_ NO \_\_\_ YES (IF YES PLEASE FILL OUT RESALE CARD)

**CREDIT REFERENCES**

NAME	ADDRESS	ZIP	PHONE NUMBER
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**BANK REFERENCES**

NAME & BRANCH	ADDRESS	ZIP	ACCT.#	CHECKING SAVINGS, LOAN
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

ACCOUNT CONTACT PERSON \_\_\_\_\_

**PLEASE COMPLETE OTHER SIDE**

ACCOUNT AGREEMENT

I HEREBY MAKE APPLICATION FOR AN ACCOUNT WITH GUNDIE'S INC. WITH THE UNDERSTANDING THAT EACH STATEMENT IS TO BE PAID IN FULL ON OR BEFORE THE 10TH OF THE MONTH FOLLOWING DATE OF PURCHASE. THE BALANCE DUE AFTER 30 DAYS WILL BEAR INTEREST AT THE RATE OF 1.5% PER MONTH. OVERDUE ACCOUNTS WILL BE C.O.D. UNTIL UNPAID BALANCE IS PAID IN FULL.

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY INVOICES IN ACCORDANCE WITH AGREED TERMS. IF GUNDIE'S INC. EMPLOYS A COLLECTION SERVICE OR ATTORNEY TO COLLECT OF SAID ACCOUNT, APPLICANT COVENANTS AND AGREES TO PAY COLLECTION COSTS AND ATTORNEY FEES.

APPLICANT HEREIN, WARRANTS AND REPRESENTS THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT AND AGREES TO PAY HIS ACCOUNT IN ACCORDANCE WITH THE TERMS AS SET FORTH HEREIN.

TERMS AND CONDITIONS ARE SUBJECT TO CHANGE WITHOUT NOTICE.

BUSINESS / INDIVIDUAL NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

(OWNER, CORPORATE, OFFICER OR APPLICANT SIGNATURE MANDATORY)

WASHINGTON STATE

DEPARTMENT OF REVENUE

RESALE CERTIFICATE

1. NAME OF SELLER GUNDIE'S INC \_\_\_\_\_

2. NAME OF BUYER/BUSINESS \_\_\_\_\_

3. ADDRESS OF BUYER \_\_\_\_\_  
STREET CITY STATE ZIP

4. BUYER'S UBI/REVENUE REGISTRATION NUMBER \_\_\_\_\_

5. BUYER IN THE BUSINESS OF \_\_\_\_\_

6. TYPES OF ITEMS PURCHASED FOR RESALE \_\_\_\_\_

I (THE BUYER) CERTIFY THAT I AM PURCHASING THE ITEMS LISTED ON LINE 6 (PLEASE CHECK APPROPRIATE LINE):

\_\_\_ FOR RESALE IN THE REGULAR COURSE OF BUSINESS WITHOUT INTERVENING IN THE REGULAR COURSE OF BUSINESS.

\_\_\_ 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 MY CAPACITY AS A FARMER.

I ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR PURCHASING WITHIN THE CATEGORIES LISTED ON LINE 6. I ACKNOWLEDGE THAT MISUSE OF THE RESALE PRIVILEGE CLAIMED BY USE OF THIS CERTIFICATE SUBJECTS ME TO A PENALTY OF 50 PERCENT OF THE TAX DUE, IN ADDITION TO THE TAX, INTEREST, AND ANY OTHER PENALTIES IMPOSED BY LAW.

PRINT NAME \_\_\_\_\_

NAME OF PERSON AUTHORIZED TO USE RESALE CERTIFICATE

SIGNATURE \_\_\_\_\_

SIGNATURE OF PERSON AUTHORIZED TO USE RESALE CERTIFICATE

EFFECTIVE DATE \_\_\_\_\_ THROUGH \_\_\_\_\_ (NOT TO EXCEED 4 YEARS)