

New Customer Questionnaire

Submitted by: _____

All accounts are C.O.D.

Customer, Billing & Logistics Profile

| | | | | |
|---|---|-----------------------------------|-----------------------------------|--------------------------------|
| Business type | <input type="checkbox"/> Individual | <input type="checkbox"/> Pet food | <input type="checkbox"/> Seasonal | <input type="checkbox"/> Other |
| Business name | | | | |
| Phone/Fax/E-mail | / | | / | |
| Delivery address | St | City | State | Zip |
| Billing address (if different from above) | St | City | State | Zip |
| Authorized buyer | | | | |
| Accounts payable name/phone/email | / | | / | |
| Years in business | | Estimated yearly purchases | \$ | |
| Names of other accounts with Plymouth | | | | |
| Current supplier(s) | | | | |
| How were they referred to Plymouth? | | | | |
| Method of delivery * | _____ Delivery _____ Will Call _____ Both | | | |
| Able to receive a semi? | Y N | Receiving dock? | Y N | Receiving hours _____ to _____ |
| PO required? | Y N | Bill of Lading required? | Y N | |
| Electronic order/invoice notification | Order | Fax Email _____ | Invoice | Fax Email _____ |

Please Note:

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

We accept cash, checks or credit cards (subject to 1.5% credit card fee)

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

TERMS AND CONDITIONS OF FINANCIAL RELATIONSHIP

By the signature below, Applicant represents that it has the financial ability to pay all debts incurred. **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 \$20 fee will be assessed for any first-run NSF check, and a \$35.00 fee 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: _____

Signature: _____

Date: _____

Driver's License # _____ State _____

Place driver's license HERE
(Copy required prior to accepting checks)

For Internal Use Only

PF Prepared by: _____

IA Date: _____

RETURN COMPLETED FORM TO 206-676-6356 OR PPACCTSREC@PLYMOUTHPOULTRY.COM