



Welcome to Plymouth

Thank you for your interest in doing business with Plymouth! Plymouth is a family owned, regional protein distributor that has been committed to serving our customers' needs for over 80 years.

With this document, you should receive a small number of forms that we will use to help serve you better. This packet consists of the customer application, credit application, a personal guaranty, and a sheet requesting some financial highlights from your company. All forms should be completed before your first order.

Following set up, ordering is easy – just call 206-622-2622 during our business hours.

We accept a variety of forms of payment. This includes both Visa and Mastercard credit cards, but please be aware that for credit card payments, we will add the 2% processing fee our credit card processor charges us to your invoice price.

If by chance we receive notification from our bank that a check has been returned, we will notify you. A \$20 returned check fee will be assessed to your account. The bank will re-deposit that payment again within 48-72 hours and we ask of you to ensure the funds are available for the 2nd deposit. If for some reason the check does not go through a 2nd time, a \$35 fee is assessed, the transaction will be voided and a new check will need to be issued.

We look forward to our partnership and the continued success of both our businesses!



New Customer Profile

Business name					
Phone/Fax/E-mail	/		/		
Delivery address	St	City	State	Zip	
Billing address (if different from above)	St	City	State	Zip	
Authorized buyer(s)					
Accounts payable name/phone/email	/		/		
Years in business		Estimated yearly purchases	\$		
Names of other accounts with Plymouth					
Current supplier(s)					
How were you referred to Plymouth?					
Method of delivery	<input type="checkbox"/> Delivery <input type="checkbox"/> Will Call <input type="checkbox"/> 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 2.0% credit card fee)
 We are open for will calls Monday-Thursday 7:00am-4:00pm; and Friday 7:00am-3:30pm**

By the signature below, Applicant represents that Applicant has read and understands these Terms and Conditions of Credit Relationship on the Application for Commercial Credit and agrees that all transactions with Plymouth Inc are bound by those terms. Applicant further 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.

Print Name: _____ Signature: _____ Date: _____ Driver's License # _____ State _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">For Internal Use Only</p> <p><input type="radio"/> PF Prepared by: _____</p> <p><input type="radio"/> IA Date: _____</p> </div>	<p>Place driver's license HERE (Copy required prior to accepting checks)</p>
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RETURN COMPLETED FORM(S) TO 206-676-6356 OR AR@plymouthinc.com