



DAIRY VALLEY DISTRIBUTING
1201 SOUTH FIRST STREET * MOUNT VERNON, WA
P.O. BOX 807, MOUNT VERNON, WA 98273
360-424-7091** Fax-360-424-7092
shelig@dairyvalleydist.com

Dear Valued Customer,

Please fill in all the information and return it to our office as soon as possible so that we may provide you with the best possible service.

Thank you for your cooperation.

Sincerely,
Sheli Grahn
Accounts Receivable

Business Name: _____

Owner(s): _____

Home Address: _____

Email Address: _____

Business Mailing Address: _____

Phone: _____ Cell: _____

Manager: _____

Accounts Payable Contact: _____

Starting Date: _____

Payment Terms: _____

I accept these terms:

Signature: _____ Date: _____

Bank Reference:

Name of Bank: _____

Branch: _____ Account# _____

Trade Reference: _____ contact _____

Phone number: _____

Trade Reference: _____ contact _____

Phone number: _____

Trade Reference: _____ contact _____

Phone number: _____

For Customers Requesting Credit Terms:

Applicant is a (corporation/partnership/individual propertor) and undersigned (officer/partner/authorized person therof) authorized to make this application and The above statements are true. I (we) promise to pay our account in full in accordance with your invoice(s). I (we) understand and agree that any invoices or portions therof, unpaid thirty days after invoice date are past due and at your option, all amounts owed you by the undersigned shall become immediatley due and Payable. If however, this account is not paid as agreed, I (we) agree to pay in addition to the foregoing, reasonable attorney fees and all other costs and expenses Incurred by you and in the collection of any obligation of the undersigned pursuant hereto. I (we) further agree that at the option of the plaintiff in any action to recover any amount due you, the venue of such action may be laid in any county Selected by such plaintiff.

I (we) agree to give Dairy Valley Distributing, Inc. permission to make inquiry Regarding credit, financial or related matters of any or all reference listed and or Suppliers present and future, and authorize such firms to give same to Dairy Valley Distributing Company, Inc.

Personal Guarantee:

I _____ residing at _____

City _____ State _____

Dated this _____ day of _____ 20____

For and in consideration of extending credit at my request to the Company and I hereby agree to bind myself to pay you on demand any sum which may become due You by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and Indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal Of the credit agreement hereby guaranteed. This guarantee shall continue until the Undersigned shall give Dairy Valley Distributing, Inc. written notice to cancel.