



# SOUND REFINING, INC.

2628 Marine View Drive, Tacoma, WA 98422  
P.O. Box 1372, Tacoma, WA 98401  
Tele. (253) 272-9348 Fax (253) 272-5686

## CREDIT APPLICATION AND AGREEMENT

BUSINESS NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

POINT OF CONTACT: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

BUSINESS TYPE: CORPORATION \_\_\_ PARTNERSHIP \_\_\_ SOLE PROPRIETORSHIP \_\_\_

FEDERAL I.D. #: \_\_\_\_\_

CORPORATE OFFICERS/PARTNERS/OWNERS:

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

NAME/TITLE

HOW LONG IN BUSINESS: \_\_\_\_\_ HOW LONG AT PRESENT LOCATION: \_\_\_\_\_

CREDIT AMOUNT REQUESTING: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT:

NAME	PHONE#	E-MAIL ADDRESS
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WILL YOU BE USING A COMMON CARRIER: \_\_\_\_\_ IF YES, PLEASE COMPLETE COMMON CARRIER AUTHORIZATION FORM.

IF NO, WHO DO WE CONTACT FOR TRUCK INFORMATION:

NAME	PHONE #	E-MAIL ADDRESS
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SALES TAX EXEMPT: \_\_\_ NO \_\_\_ YES

IF YES, COMPLETE A MULTIJURISDICTION SALES TAX EXEMPT CERTIFICATE, A BUYERS RESALE CERTIFICATE OR SUBMIT A COPY OF YOUR WA STATE RESELLER PERMIT

BANK REFERENCE:

BANK: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**TRADE REFERENCES:**

NAME: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
FAX: \_\_\_\_\_

NAME: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
FAX: \_\_\_\_\_

NAME: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
FAX: \_\_\_\_\_

**AGREEMENT:** Parties hereby agree that all purchases made are subject to the following terms and conditions:

1. The undersigned purchaser hereby agrees that all amounts due for products and services purchased from Sound Refining, Inc. (SRI) are payable at 2628 Marine View Drive, Tacoma, WA 98422.
2. The undersigned purchaser agrees to pay, in the event the account becomes delinquent and is turned over to an attorney or collection agency for collection, reasonable attorneys' fees plus all attendant collection costs whether or not suit is commenced.
3. The undersigned agrees to notify SRI by certified mail of any pending change of ownership of the customer and further agrees to be liable for all purchases should the undersigned fail to comply with said notification. The parties hereby acknowledge that the products and/or services purchased from SRI are not payable in installments, but payable in full per invoice. Purchaser agrees that purchaser will accept liability for any attorneys' fees incurred by SRI in collecting unauthorized debts, even if the liabilities exceed the thresholds established in the federal law 15 U.S.C. 1643.
4. Release of any credit information: Purchaser authorizes SRI to inquire into and obtain from any bank, lending institution, or credit reference, whether listed on the purchaser's confidential customer account form or not, any and all information relating to applicant's credit worthiness or financial condition and certifies that all given credit information is correct.
5. The parties hereby agree that all disputes that may arise out of this Agreement will be within the exclusive jurisdiction of and will be resolved under the laws of the State of Washington. Venue shall be Pierce County, State of Washington.
6. Option to Waive: SRI may, at its option, waive any of the above requirements, or excuse applicant's non-compliance with any of the above obligations. However, any such waiver or excuse shall not be deemed or considered as a continuing waiver and shall not operate to bar or prevent SRI from declaring a breach of non-compliance of purchaser, either of the same term or otherwise.
7. Sound Refining, Inc. shall have the right to terminate this Agreement or the rights granted hereunder upon verbal or written notice to Customer, and may revoke card privileges for any reason within Sound Refining's sole discretion.

**Additional Terms and Conditions**

- All customer accounts will have a set credit limit. Purchases which exceed the established credit limit will require a payment on the oldest invoice/invoices to bring the total amount due below the credit limit before loading.
- All customer invoices are due and payable 10 days from date of purchase by ACH Debit. Due date/electronic fund transfer date will be on invoice.
- Sound Refining will charge a service fee of \$35.00 for any returned ACH items.
- The undersigned purchaser hereby agrees that all amounts due SRI are payable as stated on each invoice. If any amount due SRI is not paid in said period a delinquency charge of 1 ½ % per month (Annual Rate of 18%) of the delinquent balance shall be added to the sum due.

Name of Officer, Owner or Partner: \_\_\_\_\_

(Please Print)

Title: \_\_\_\_\_

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



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## Authorization Agreement of Direct Payments ACH Debit

### Purpose of Authorization: (check one)

- New Authorization (Complete A, B, C and F)       Change to Existing Authorization (Complete A, B, D and F)       Cancellation (Complete A and E)

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### A. Customer Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

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### B. Banking/Financial Institution Information

\_\_\_\_\_  
Name of Bank/Financial Institution

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Bank ABA/Routing #

\_\_\_\_\_  
City, State, Zip

- Checking       Savings  
 Personal       Business

**ATTACH A VOIDED CHECK**

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### C. New Authorization Statement

I authorize and request Sound Refining, Inc. and the financial institution listed above to initiate electronic debit entries, and if necessary, credit entries and adjustments for any errors to my account. I also understand I may discontinue this authorization at any time by giving written notice to Sound Refining, Inc.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

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### D. Change Authorization Statement

I authorize and request Sound Refining, Inc. to make the changes indicated on this form for automatic withdrawal to my account.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

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### E. Cancellation Statement

I request (business name) to terminate my authorized automatic withdrawal to my account. I will allow a reasonable time for (business name) to act upon my request to terminate this agreement.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date