



ACCOUNT APPLICATION

AR Phone: 253-299-0500 Fax: 253-299-0552; CMAST@nsales.com or AR@nsales.com
Corporate Office: 401 East 100t Ave, Anchorage, AK 99515

Date: _____

Juneau

Ketchikan

Sitka

Location you would like to purchase from:

Kodiak

Anchorage

Kent, WA

Ship To Information

Account Name: _____ (dba) Trade Name: _____

Ship to Address: _____ City, State ZIP: _____

Ordering Contact: _____ Title: _____ Email Address: _____

Phone Number: _____ Fax Number: _____ Cell Phone: _____

Bill To Information

Check here if same as Ship to information

Legal Account Name: _____

Address: _____ City, State ZIP: _____

A/P Contact: _____ Title: _____ Email Address: _____

Phone Number: _____ Fax Number: _____ Cell Phone: _____

Business Structure and Information

Entity Type: Sole Proprietor Partnership Corporation/LLC Government Non-Profit

Legal Owner Name: _____ Business License Number: _____

Federal Tax ID #: _____ Tax Exempt # _____ (Tobacco accounts: please see note below)

Is this for resale? YES NO Resale # _____ If your city requires a resale license, please forward a copy

Do you require a purchase order Number? YES NO Estimated Weekly Purchases: \$ _____

Will you be purchasing tobacco products? YES NO If YES, please include your tobacco endorsement.

Note: Customers wishing to purchase tobacco from our Anchorage location will need to supply a copy of their MOA tobacco tax exemption license if they wish to be exempted from the city taxes per AO 2013-125. MOA # _____

Bank References

Business Bank Name _____ Bank Contact: _____

Address _____ Phone _____

Type of Account: Checking Savings Account Number: _____

Trade References

NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____ CONTACT: _____

NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____ CONTACT: _____

NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____ CONTACT: _____

Personal Reference

NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____ CONTACT: _____



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Joint Personal Guarantee

I/We, _____ (and) _____ (Name of guarantor(s) (Member) (Officer) (Partner) (Spouse) residing at _____ for and in consideration of extending, at our request, credit to: _____ (hereinafter known as the "Company")

(Name of Company)

of which (I) (we) (is) (are) _____, hereby personally guarantee to you, Northern Sales
(Position in Company)

Company Inc., payment to the corporate office in Sumner, Washington at 15022 Puyallup Ave, Sumner, WA 98390 of any obligation of the Company to you and we hereby agree to bind ourselves to pay on demand any sum which may become due to you by the Company including future advances or debt whenever the Company shall fail to pay such sum now or in the future. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for any indebtedness of the Company. We hereby waive notice of default, notice of acceptance, notice of nonpayment to Vendor, and consent to any modification or renewal of the credit agreement. No exercise, nor non-exercise of any right against the Company, nor any release of the Company, shall affect any of Guarantor(s) obligations hereunder. These rights are cumulative and may be exercised jointly or separately against Company and any Guarantor; and may be exercised by successive actions until all debt is paid. The liability of each Guarantor is joint and several with other Guarantors and the Company.

Fees- In the event any account is not timely paid, the Company and each Guarantor agrees to pay all costs of collection incurred before, during or after filing suit to collect such monies due. Such costs of collection include full reasonable attorney's fees, collection company charges, court costs and any other costs of litigation and/or collection. We reserve the right to assign your delinquent account to a collection company.

All actions arising from any claim under this Application shall be filed in a court of competent jurisdiction located in Anchorage, Alaska or King County, Washington at Vendors choice.

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

DOB: _____ SS#: _____

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

DOB: _____ SS#: _____

WITNESS SIGNATURE: _____

DATE: _____

PRINTED NAME: _____ (Witness must be over 21 years of age)

ADDRESS OF WITNESS: _____

Terms of Sale and ** Required Signature **

TERMS OF SALE ARE: Buyer certifies that all merchandise is to be for resale and must submit to us a copy of the SALES TAX EXEMPTION CERTIFICATE and BUSINESS LICENSE. This form states that all purchases made by you are for the purpose of RESALE and that you are exempt from paying sales tax on these transactions. Without these documents you will be charged the appropriate sales tax.

TERMS OF PAYMENT: Standard terms are **NET 7 DAYS FROM INVOICE DATE FOR TOBACCO and NET 15 DAYS FOR NON TOBACCO or COD.** Individual account terms differ based on several factors, including credit worthiness and type of product purchased. Statements are mailed out the 16th and the first business day of each month. Past due accounts will be charged a finance charge of 1.5% per month, (which is an annual rate of 18%), or the maximum allowable by law, whichever is less. Northern Sales Company Inc. reserves the right to refuse credit without reason for doing so. **Northern Sales Company Inc forwards a \$25.00 charge on all returned checks.**

****Signature Of Owner:** _____

Printed Name: _____