

LIBERTY DISTRIBUTING INC

909 VALLEY AVE NW
PUYALLUP, WA 98371
253-922-8506 FAX 253-922-9507

**CREDIT APPLICATION - PLEASE COMPLETE ALL SECTIONS AND FORWARD TO OUR OFFICE
(Allow approximately 10 days to process)**

Registered Company Name		Federal Tax ID #		
DBA/Trade Name		Year Business Established		
Are you a :	Corporation	Partnership	Sole Proprietorship	LLC
Bill to: (if special billing is needed, attach instruction sheet)				
Address		City	State	Zip Code
Telephone Number	Fax Number	E-Mail Address	Company Web Site	
Ship to: (if more than one, please attach a list of all ship to locations)				
Address		City	State	Zip Code
Telephone Number		Fax Number		
President	Telephone			
Vice President Finance/Controller	Telephone			
Accounts Payable Manager	Telephone			
Authorized Purchaser	Telephone			
Requested Credit Line:	Are you a Corporation	Partnership	Sole Proprietorship	
Type of Business: (CIRCLE ONE)				
Wholesale	Retail	Coop	Espresso	Other (Please explain
Has your company previously done business with Liberty Distributing? (CIRCLE ONE) YES NO If YES, when and name of company				

CREDIT REFERENCES

1. Name	Telephone	Fax Number		
Address	City	State	Zip Code	
2. Name	Telephone	Fax Number		
Address	City	State	Zip Code	
3. Name	Telephone	Fax Number		
Address	City	State	Zip Code	

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BANKING REFERENCES

Name of Bank	Telephone/Fax Number	Account Number	
Address	City	State	ZipCode
Name of Bank	Telephone/Fax Number	Account Number	
Address	City	State	ZipCode

The information contained herein is submitted by the applicant for the purpose of obtaining credit from LIBERTY DISTRIBUTING, INC. Nothing contained herein shall be deemed to require LIBERTY DISTRIBUTING, INC. to sell products or extend credit to the applicant.

The applicant hereby authorizes the bank(s), trade reference(s) listed herein and any consumer or business credit reporting agency to release and/or verify orally or in writing to LIBERTY DISTRIBUTING, INC. any information given in this document and to disclose any information which may bear upon the applicant's creditworthiness (facsimile or photocopy deemed same as original).

The applicant agrees to make payment in full to LIBERTY DISTRIBUTING, INC. for all purchases in accordance with the terms set forth in invoice(s) or established by LIBERTY DISTRIBUTING, INC. and to notify LIBERTY DISTRIBUTING, INC. within two years after the invoice date (or within such period of time, if any, which may be specified in any invoice) of any and all claims for discounts, adjustments, allowances or other credits of any kind or nature. Should the applicant default in any such payment, the applicant agrees to pay all reasonable out-of-pocket expenses including reasonable attorney's fees and costs incurred by LIBERTY DISTRIBUTING, INC. in the collection of any obligation of the applicant owed by LIBERTY DISTRIBUTING, INC.

The applicant agrees to notify LIBERTY DISTRIBUTING, INC. of sale of the applicant's business or any other change in ownership at least 15 days prior to such sale or change of ownership, such notice to be sent to LIBERTY DISTRIBUTING, INC. Attention: Credit Manager .

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE; (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY; WASHINGTON, D.C. 20580.

Date	Print Name	Title	Signature
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(All credit applications should be forwarded by Sales to the Customer Service Center)

Date	Print Name	Sales Representative Signature
Date	Print Name	Manager Signature

CREDIT DEPARTMENT USE ONLY

Credit Class _____	Credit Limit _____	Terms _____
Approval _____	Date Approved _____	

WASHINGTON STATE
DEPARTMENT OF REVENUE
RESALE CERTIFICATE

NAME OF SELLER LIBERTY DISTRIBUTING INC.

NAME OF BUYER _____

ADDRESS OF BUYER _____

BUYER'S UBI / REVENUE REGISTRATION NUMBER _____

BUYER IS IN THE BUSINESS OF _____

TYPES OF ITEMS PURCHASED FOR RESALE _____

I CERTIFY THAT I AM PURCHASING THE ITEMS LISTED ABOVE FOR RESALE IN THE REGULAR COURSE OF BUSINESS WITHOUT INTERVENING USE.

I ACKNOWLEDGE THAT MISUSE OF THE RESALE PRIVILEGE CLAIMED BY USE OF TAX DUE, IN ADDITION TO THE TAX, INTERST, AND ANY OTHER PENALTIES IMPOSED BY LAW.

SIGNATURE _____

PRINT NAME _____

DATE _____ THROUGH _____

(NOT TO EXCEED 4 YEARS)

**LIBERTY DISTRIBUTING
NEW CUSTOMER INFO SHEET**

DATE _____

SHIP TO _____ **BILL TO** _____

ADDRESS _____ ADDRESS _____

CITY, ZIP _____ CITY ZIP _____

TELEPHONE _____ A/P
PHONE _____

FAX _____ FAX _____

OWNER/MGR _____

ASST/CHEFS _____

BUSINESS TYPE (Circle One)

- | | | | | | |
|-----------------|----------------|------------------|-------------------|--------------|-----------|
| 01 Supermarket | 02 Convenience | 03 Institutional | 04 School | 05 Wholesale | 06 Jobber |
| 07 Food Service | 08 Espresso | 09 Restaur./Café | 10 Lg Independent | 11 Dipping | |

DIRECTIONS TO SERVE:
TRUCK ENTRANCE VIA _____ BUILD UP / PRE-ORDER CUSTOMER

RECEIVING INFORMATION _____

DELIVERY HOURS: _____ HOURS OF OPERATION: _____

COMMENTS: _____

FIRST ORDER DATE _____

TYPE OF PRODUCTS _____

PRICE SCHEDULE _____

CASH CUSTOMER YES NO

MONTHLY STATEMENT YES NO

ROUTE NUMBER _____

DELIVERY DAYS _____

REBATE _____

COMMENTS: _____

SALES REP: _____