



URM ACCOUNT APPLICATION



<input type="checkbox"/> Foodservice	<input type="checkbox"/> Convenience & Grocery	URM Sales Consultant Name	<input type="text"/>
<input type="checkbox"/> Cash & Carry	URM Cash & Carry City <input type="text"/>		

SHIPPING ADDRESS

Trade Name (DBA)
Address
City, State, Zip Code
Phone Number
Federal Tax ID

BILLING ADDRESS

Legal Name of Company (Corporate, Partnership or Proprietorship Name)	
Address	
City, State, Zip Code	
Accounts Payable Contact and Phone Number	
A/P Fax Number	A/P Email Address

Business Type _____ Previous Customer of URM? If Yes, Under What Name? _____

Type of Cuisine (Italian, Greek, Hispanic, etc...) _____ How Much Do You Spend On Weekly Purchases? _____

<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Corporation (State Incorporated In _____)		<input type="checkbox"/> Non-Profit	

Length of Time In Business _____ Length of Present Ownership _____

Are The Applicant(s) Party To Any Pending Litigation or Legal Proceedings? ☐ Yes ☐ No

PROVIDE THE FOLLOWING INFORMATION FOR INDIVIDUAL PROPRIETORS, GENERAL PARTNERS OR CORPORATE OFFICERS

Name and Title	Name and Title	Name and Title	
Home Address	Home Address	Home Address	
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code	
Home Phone Number	Home Phone Number	Home Phone Number	
Social Security Number	% Ownership	Social Security Number	% Ownership

REQUESTED TERMS:

<input type="checkbox"/> 7-Day	<input type="checkbox"/> 14-Day	<input type="checkbox"/> 30-Day	<input type="checkbox"/> COD
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PAYMENT METHOD:

<input type="checkbox"/> EFT (EFT Preferred. See Form On Back Page.)	<input type="checkbox"/> Check
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TRADE REFERENCES (FOOD DISTRIBUTORS PREFERRED)

Business Name	Business Name	Business Name
Street Address	Street Address	Street Address
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code
Phone Number	Phone Number	Phone Number
Account Number	Account Number	Account Number

WASHINGTON CUSTOMERS: A copy of your Washington Reseller Permit is required.

IDAHO CUSTOMERS: A copy of your Idaho form ST-101 is required.

AGREEMENT

The undersigned certifies that the information contained herein is true and correct and URM Stores, Inc., will be notified in writing of any changes in the business ownership. The undersigned authorizes URM Stores, Inc., to inquire into and obtain from any bank, lending institution or credit reference, whether listed on the credit application or not, any and all information relating to the Applicant's credit worthiness. The undersigned Customer agrees that all purchases made are subject to the following terms and conditions:

- 1) The Customer hereby agrees to the terms stated below.
- 2) Any late payment is subject to assessment of interest charges based on the current rate shown on the URM Stores, Inc. invoice and billing statement.
- 3) In the event payment is late or not made, URM Stores, Inc. may declare the entire balance due and owing. The Customer agrees to pay all costs of
- 4) collection, including reasonable attorney's fees, with or without suit, on all accounts not paid when due. In the event the Customer declares bankruptcy, then URM Stores, Inc. is entitled to attorney fees and costs incurred to protect or enforce its rights regarding the collateral which is the subject of this Credit Agreement.
- 5) As security for any amount due URM Stores, Inc., the Customer grants to URM Stores, Inc. a security interest in all equipment, supplies, or inventory purchased from URM Stores, Inc. and the proceeds thereof.
- 6) The Customer understands and agrees that URM Stores, Inc. may cancel extension of credit and/or discontinue deliveries at any time.
- 7) The Customer agrees all sales are final and any product returned may be subject to a restocking charge.
- 8) If Customer places an order for product, the Customer agrees to purchase all product ordered at URM Stores, Inc. sales price.
- 9) All terms of any sale shall be governed by the laws of the State of Washington, and venue of any legal action in this account shall be in Spokane County, Washington.

ORAL AGREEMENTS OR ORAL COMMITMENTS TO LOAN MONEY, EXTEND CREDIT, OR TO FORBEAR FROM ENFORCING PAYMENT OF A DEBT ARE NOT ENFORCEABLE UNDER WASHINGTON STATE LAW.

Date _____ Full Name of Corporation _____ Title _____
Printed Name _____ Signature _____

PERSONAL GUARANTEE

In order to extend credit to _____ (the "Company") the undersigned personally guarantees timely payment to URM Stores, Inc., of all amounts owed by the Company. This guarantee is unconditional, continuing and irrevocable for any and all indebtedness incurred by the Company until a Guarantor shall have given URM Stores, Inc. written notice that further purchases would not be guaranteed. Any statement of account that binds the company will bind the Guarantor. The Guarantor waives any notice requirements of the Company's default and any obligation to proceed against the Company first. The undersigned waives any and all rights of subrogation, reimbursement or contribution against the corporation or any other person directly or contingently liable for this obligation to proceed against the Company first. The undersigned waives any and all rights of subrogation, reimbursement or contribution against the corporation or any other person directly or contingently liable for this obligation being guaranteed. In furtherance of the preceding waiver, the Guarantor agrees any payment to URM Stores, Inc., by it and pursuant to this guarantee, shall be deemed a contribution to the capital of the Company and such payment shall not constitute the undersigned a creditor of any such party.

I have read the Credit Agreement and I agree to adhere to its provisions. The Guarantor consents in advance to any modification, renewal or extension of the Credit Agreement or credit terms guaranteed. If there is more than one Guarantor, their liability shall be joint and several. URM Stores, Inc. may negotiate and settle with the Applicant(s) or any of the undersigned Guarantor(s), and surrender any collateral which is held without notice to any Guarantor or without affecting the obligations assumed by the Guarantor. In the event of default or bankruptcy resulting in collection efforts, litigation or appeals, URM Stores, Inc., shall be entitled to reasonable attorney fees and collection costs.

ORAL AGREEMENTS OR ORAL COMMITMENTS TO LOAN MONEY, EXTEND CREDIT, OR TO FORBEAR FROM ENFORCING PAYMENT OF A DEBT ARE NOT ENFORCEABLE UNDER WASHINGTON STATE LAW.

Dated this _____ Day of _____, 20 _____

Printed Name _____

Signature of Guarantor _____

Street Address _____

In Individual Capacity _____

City, State, Zip Code _____

Spouse In Individual Capacity _____

SECURITY AGREEMENT

(FOR CONVENIENCE & GROCERY CUSTOMERS ONLY)

As security for any amounts due to URM Stores, Inc., the Customer grants to URM Stores, Inc., a security interest in all inventory owned by Applicant(s) and all inventory now or after acquired including, without limitation, inventory and supplies held for sale or use by the Applicant(s), and all such property after acquired, and all additions, increases or replacements to such inventory or property or proceeds therefrom. The Applicant(s) agree to sign any appropriate financing statements requested by URM Stores, Inc. All terms of the Agreement are by this reference incorporated herein. In the event of default, URM Stores, Inc. shall have all remedies available at law, including without limitation all remedies provided for under the Uniform Commercial Code.

Customer Name _____

Customer Name _____

Customer Name _____

Signature _____

Signature _____

Signature _____

Date _____

Date _____

Date _____

URM EFT (Electronic Funds Transfer) AUTHORIZATION FORM



Date _____

I authorize URM Stores, Inc. to initiate a Electronic Funds Transfer (EFT) direct bank debit deduction from the bank account indicated below.

The funds will be used by URM Stores, Inc. to pay my URM charges for purchases and fees according to my approved terms.

Business Name _____

Name on Bank Account _____

Bank Name _____ Bank Telephone Number _____

ABA Transit Routing Number _____

Checking Account Number _____

***Note: Please provide a voided check copy (not a deposit slip).**

Authorizing Signature _____

Corporate Title _____

To ensure confidentiality, please fax this form to (509) 468-9473.

URM ACCOUNTING DEPARTMENT 7511 N. FREYA ST. SPOKANE, WA 99217
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