PREFERRED ADULT FAMILY HOME SIGN-UP FORM.

PEAKS & PLAINS, INC.
6326 E. TRENT AVE. STE. A
SPOKANE VALLEY, WA 99212-1220

Phone 800-585-4201
Fax 800-886-3122

NAME_____(CONTACT RESPONSIBLE PARTY)

FACILITY _____TYPE_____

ADDRESS_____
Street City State Zipcode

FACILITY
CONTACT NAME_____Tel_____Fax_____

I understand that all purchases for Preferred Adult Family Home status will be paid on the same day of order with a valid credit card to receive the 10% discount available.

In the event that legal action must occur for collection purposes, the venue for such or any action shall be resolved in Spokane County, State of Washington. Should a dispute arise, the action shall be resolved by mandatory arbitration. In the event of any breach of this Contract, the party responsible for the breach agrees to pay reasonable attorney's fees and costs, including costs of service of notices, incurred by the other party. In the event that an invoice is not paid within 30 days from the date of the invoice, interest shall be charged at a rate of 1 ½ % per month (18% per annum).

I understand that items on the monthly sale list or previously discounted will not be eligible for the 10% discount.

I understand that the credit card number given for purchase will be securely kept on file for future Preferred Adult Family Home Purchases for this facility purchase. **I understand that this is not eligible for website purchases.**

For security purposes, we will ask at time of purchase for the credit card information. Please have your credit card available at time of monthly purchase for the discount to be effective with that monthly purchase.

I agree to be responsible for any charges for supplies ordered for this facility. I have received a copy of the Return Policy.

_____ _____ _____
Signature of Responsible Party DATE Sales Person

ITEM	DESCRIPTION/SIZE	Per Day	Month