



Washington State Department of Agriculture
Commission Merchants Program
PO Box 42560
Olympia, WA 98504-2560
(360) 902-1854

AFFIDAVIT OF LIMITED DEALER

I, _____ on behalf of _____ (company name) attest that the maximum monthly purchases of unprocessed agriculture products will not exceed \$ _____ a month.

I do further understand that, as a Limited Dealer, I will be required to make payment for purchases at the time of taking possession of the products. Payment may be made with cash or by check. Any violation of this requirement may be considered good and sufficient cause for the revocation or suspension of my license to operate as a dealer under the Washington Commission Merchants Act, chapter 20.01 RCW.

PRINT NAME

SIGNATURE

DATE