

COD Account Registration Form

Bill To: COD

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Fax: _____ Cell/Pager: _____

Years in Business: _____

Names of Principal(s) _____

Ship To Address:

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card Information: (required for new accounts as of 09/12/2003)

Master Card / Visa (Circle one) Account Number _____ Exp. Date _____

Name on the Card _____

Credit card information is kept on file and is strictly confidential. Charges will be made to the credit card when cash or a check is not received for a COD p/u or delivery. The signer of this application is acting as an agent on behalf of the applying company, as above, and agrees to these terms and conditions.

Person (s) Authorized to make purchases on this account: _____

Are you claiming exempt from sales tax? No _____ Yes _____ (Fill out tax exempt form)

Applicants Signature: _____ Date: _____