



New C.O.D Account

Company Name: _____

Billing Address: _____

Delivery Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

- ☐ Taxable
☐ Tax Exempt

OFFICE USE ONLY

SALES TAX LICENSE OR EXEMPT CERT. ON
FILE?

☐ YES. EXP DATE: _____

☐ NO

NOTES:

Owner Information

☐ Corporation ☐ Sole Proprietorship ☐ Partnership

Principle/Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____