

COD ACCOUNT REQUEST

Account Name _____
(All refund checks will be made out to the account name)

Address _____
(Street address only – No PO Box)

City _____ State _____ Zip Code _____

Contact name _____

Phone _____ Cell _____ Fax _____

Email address _____

Driver's License # _____

State Issued _____

Is a P.O. Required? _____

Tax Status _____ (attach a valid exemption Certificate if appropriate)

This **is not** an application for charge / credit account. This account will allow us to track your purchases and other needs in a more professional and timely manner. This form must be filled in completely. This account cannot be set up without the above information.

ABC Branch Use Only

Branch # _____ Salesperson # _____ Level _____ Date _____

Customer Class _____

Statement (Y or N) _____ Account # _____

****All returned checks will be charged a processing fee as determined by the state****