



4000 South West Temple
 Salt Lake City, Utah 84107
 801-266-3452
 Fax 801-266-6355

1303 South 320 East #C St.
 George, Utah
 84790 435-674-1157
 Fax 435-674-4122

APPLICATION FOR COD ACCOUNT

Company Name _____ Type of business _____
 Address _____
 Phone _____ Fax _____ Email _____
 Business License No. _____ Contractor's License No. _____

As Applicable, List Name(s) and Address(es) of Corporate Officers, Partners or Owners (please print):

Name _____ Title _____
 Home address _____
 Phone No. _____ SSN _____

Bank References:

Name _____ Phone _____
 Checking Account No. _____ Fax _____

In event that material becomes charged on your COD account for any reason. Such reasons being: allowing extended on account terms, receiving and billing errors, freight charges, etc... Upon signature you agree to the following "Account Agreement" as stated below.

ACCOUNT AGREEMENT

The undersigned applicant acknowledges and agrees that all purchases are to be paid within the terms agreed. The undersigned applicant acknowledges and agrees that interest at the rate of 1 1/2 percent per month will be charged on all balances remaining unpaid after 30 days from the date said amount are incurred. In the event of default and/or referral to an attorney or collection agency, the undersigned agrees to pay all cost of collection including attorneys fees. The undersigned certifies that, to the best of knowledge, the above information is complete and accurate at the date of this application. Any misrepresentation in this application will be considered evidence of fraud. This instrument is executed and intended to be performed in the state of Utah and shall be construed according to Utah law.

The undersigned represents that he/she has the authority to execute this account agreement on behalf of the business identified.

Name of Business _____

Signature _____ Print Name _____ Date _____

Signature _____ Print Name _____ Date _____

CREDIT CARD AUTHORIZATION

Name on card _____ Card Type _____

Card No. _____ Expires _____ Security Code (CVV) _____

Address on Card _____

I authorize my credit card (circle one):
 1. To be kept on file and charged automatically for orders placed.
 2. To be charged per my verbal authorization.

Signature _____ Date _____

In order to protect against fraud a copy of the credit card and identification must be submitted with applic