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## 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