



Over 60 Years Experience in the Water Industry

# CONELY COMPANY

Salt Lake Branch - 4000 South West Temple SLC, Utah 84107 801-266-6452 Fax 801-266-6355  
St George Branch - 1303 South 320 East Suite C St George, Utah 84790 435-674-1157 Fax-435-674-4122

## Application for COD Account

Company Name \_\_\_\_\_ Type \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Business License# \_\_\_\_\_

Contractors License# \_\_\_\_\_

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

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ SSN \_\_\_\_\_

### Bank References:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Checking Account# \_\_\_\_\_

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 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 company identified.

Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

### Credit Card Authorization For Recurring Orders

Name on Card _____	Card Type	Visa	Mastercard	Amex	Discover
Card No. _____	Expires	_____	_____	Security Code(CVV) _____	_____
Address (Card Billing) _____					

I certify that I am the authorized signer of this credit card and I hereby give authorization to have the above credit card on file with Conely Company to be charged accordingly for orders placed and for any reoccurring orders placed on my account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**A copy of the front and back of the credit card and identification MUST be submitted with this form.**

Your compliance with this form helps Conely Company protect you, our valued customer, from credit card fraud.