



5232 Tod Ave S.W. \* Suite 17 \* Lordstown Ohio 44481\* Ph (330) 824-9433 \* Fax (330) 824-9437

**COD CUSTOMER INFORMATION**  
**Please attach a copy of your vendor's license**

Legal Name of Business \_\_\_\_\_

Trade Name (dba) \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Type of Business - Wholesale \_\_\_\_\_ Retail \_\_\_\_\_ Other \_\_\_\_\_ Date Established \_\_\_\_\_

Fed Tax ID Number \_\_\_\_\_ Purchase Order Required? \_\_\_\_\_

Manager/Owner's Name \_\_\_\_\_ Accounts Payable Contact \_\_\_\_\_

Authorized Buyers \_\_\_\_\_

Type of Entity: Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

If Incorporated: State of Incorporation \_\_\_\_\_ Year of Incorporation \_\_\_\_\_

**Bank Information (Business Checking)**

Banking Institution \_\_\_\_\_

Address (City, State, Zip) \_\_\_\_\_

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Contact Name \_\_\_\_\_

**Terms :** All invoices are due for payment at the time of delivery/service. This is not an application for a credit account. If you desire a credit line in the future, a credit application and subsequent credit check will be required.

In the event of default in the acceptance of goods or services ordered or in the payment for goods or services received applicant agrees to pay all costs and expenses, including reasonable attorney's fees incurred in remedying the default or the enforcement of any rights possessed by seller.

I have answered to the best of my knowledge and understand the terms of sale.

**SIGNATURE OF OWNER (S) (required)**

X \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE OF OWNER (S) (required)**

X \_\_\_\_\_ Date \_\_\_\_\_