

C.O.D. ACCOUNT

Please complete this application in full and return the signed original to the above address. Should you have any questions or problems, please do not hesitate to call. Thank you for the opportunity to be of service to you and your organization. We look forward to a long and pleasant business relationship with you.

COMPANY NAME

Assumed or Fictitious Names

Street address

Phone

Fax

Cell Phone

Billing address (if different)

Federal EIN #

Sales tax # (Please attach completed exemption form)

BUSINESS TYPE: Corporation

Date Incorporated

State of Incorporation

Partnership

Date started

Sole Proprietor

Date started

PRINCIPALS (If corporation - list shareholders. If partnership - list all partners. If sole proprietor - list owner.)

Name

Title

Ownership interest

Name

Title

Ownership interest

Name

Title

Ownership interest

Do you require a written P.O. ?

Persons authorized to order materials:

TERMS:

ORDERING - Orders may be placed by fax, telephone or in person. No deposit will be required.

PAYMENT - Payment must be made in order to receive your order.

CONTRACT - Each order placed by you and accepted by Doylestown Glass Co. shall constitute a written contract. You hereby agree to make full payment on each contract.

SERVICE CHARGE - If any payment is not made when due, a service charge of 1.5% per month or 18% per year, will be added to your balance due and owing. If legal action is commenced, an additional charge of fifteen (15%) of the balance then due, or a minimum of \$200.00, whichever is greater, shall be added for collection costs.

COMPANY NAME: _____

BY: _____

TITLE: _____ DATE: _____