



COD ASSIGNED ACCOUNT FORM

DATE: _____

*COMPANY NAME _____

*OWNER NAME _____

CONTACT PERSON _____ *TITLE _____

*MAILING ADDRESS _____

*DELIVERY ADDRESS _____

*BUSINESS PHONE _____ HOME PHONE _____

*FAX _____

CHECK WRITING INFORMATION:

CHECK SIGNERS NAME _____

PHONE # _____ CELL _____

DRIVERS LICENSE # _____ STATE _____ DATE OF BIRTH _____

LEGAL SIGNATURE _____

******ALL RETURNED CHECKS WILL BE CHARGED A \$35.00 FEE******

EMPLOYEE USE ONLY:

NOTES:
