



APPLICATION FOR COD ACCOUNT

ACCOUNT INFORMATION:

**** Please Print Neatly!***

Date: ___/___/___

Name of Firm: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Telephone number: _____ Fax number: _____

Cell: _____ Email: _____

COMPLETE APPROPRIATE SPACES:

Year Company Started: _____ State Incorporated: _____ Year: _____

Type of Entity: Corporation [] Partnership [] Sole Proprietorship []

Federal Employer ID #: _____ State Sales Tax #: _____

Your purchases will be Taxable [] or Exempt []? ← *If exempt, attach your exemption certificate.*

Do you require purchase orders? Yes [] No []

President: _____ ← *Please attach a copy of your drivers' license.*

Vice President: _____ Purchasing Agent: _____

Treasurer: _____

Please circle the branch below that you will be making most of your purchases from:

(Palm Bay) (Cocoa Beach) (Port Orange) (Vero Beach) (Leesburg) (Orange City) (Lake City) (Intercession City)

Branch Offices

Palm Bay 321-724-1075 Fax 321-727-8307
Cocoa 321-636-1075 Fax 321-633-1075
Port Orange 386-760-7875 Fax 386-760-7483
Vero Beach 772-778-7875 Fax 772-778-5508

Leesburg 352-315-1075 Fax 352-315-1077
Orange City 386-774-0014 Fax 386-774-1883
Lake City 386-466-0177 Fax 386-466-0107
Intercession City 407-483-1075 Fax 407-483-1073