

Application for Cash on Delivery (C.O.D) Account

General Information

*Applicant Business Name	*Telephone	Fax	
*Billing Address	*Bill City	*Bill State	*Bill Zip
*Shipping Address	*Ship City	*Ship State	*Ship Zip
*Accounts Payable (AP) Contact	*AP Telephone	*AP Email	

Who referred you to Equipment Depot?

() Taxable	() Non-Taxable
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() **Exception or Resale Certificate:** form submission required to sales representative prior to placing an order

FEIN# _____

If Business Type is Proprietorship or General Partnership:

*Name of Principal Owner: _____

*Social Security Number: _____

*Driver License No./State: _____

*Equipment Depot Contact / Sales Rep Name: _____ *Branch Location: _____

Applicant agrees to pay the full amount due under any invoice in cash at the time of delivery. If Applicant fails to pay in full any amounts due under any invoice, Applicant agrees to pay all costs of collection, including reasonable attorneys' fees, whether or not a lawsuit is brought for collection. Any past due, unpaid balances shall bear interest at the lesser of (a) 18% per annum and (b) the maximum rate permitted by law, until paid in full.

Applicant understands and agrees that if any dispute should arise regarding the foregoing provisions or Applicant's performance under the foregoing provisions, exclusive jurisdiction and venue for the resolution of the dispute shall lie in the federal and/or state courts located in McLennan County, Texas.

The foregoing provisions shall be governed by the laws of the State of Texas, exclusive of any conflict of laws rules.

By signing below, Applicant indicates its acceptance of the foregoing provisions.

*Applicant's Signature: _____ *Date: _____

*Applicant's Name: _____ *Title: _____

<u>FOR EQUIPMENT DEPOT USE ONLY</u>				
Date _____	Branch Code _____	Territory Code _____	Salesperson Code _____	Acct.# _____
Approved By _____		SIC Code _____		CON/IND _____