



Account # _____
Date Activated: _____
<u>For office use only.</u>

C.O.D. Account Application

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Owners Name: _____

Owners Home Address: _____

City: _____ State: _____ Zip: _____

Owners Signature: _____

Accounts Payable Contact: _____ Phone #: _____ Fax #: _____

Email: _____

Business Phone Number ____ - ____ - _____	Owner's Home Phone Number ____ - ____ - _____	Cell Phone Number ____ - ____ - _____
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Georgia State Sales & Use Tax Number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>We Must Charge Sales Tax Unless We Have A Copy Of Your Certificate</i>
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Owner's Drivers License Number: _____

State: _____ Date of Birth: _____

<p><u>We Require A Copy Of:</u> Your Valid Business License and Georgia Sales & Use Tax Certificate</p>

<p><u>We Can Not Accept Checks Unless:</u> This application is fully completed and a copy of the owner's drivers license is attached</p>
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