



Account # \_\_\_\_\_

Date Activated: \_\_\_\_\_

**For office use only.**

## 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

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**Georgia** State Sales & Use Tax Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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We Must Charge Sales Tax Unless We Have A **Copy** Of Your Certificate

Owner's Drivers License Number: \_\_\_\_\_

State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**We Require A Copy Of:**  
Your Valid Business License and  
Georgia Sales & Use Tax Certificate

**We Can Not Accept Checks Unless:**  
This application is fully completed and a  
copy of the owner's driver's license is  
attached