

C.O.D. COMPANY CHECK

DATE _____ SALESMAN # _____ CONTRACTORS LIC # _____

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TEL# _____ FAX# _____

CHECK ONE _____ PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

NAME OF PRINCIPAL (S) _____

HOME ADDRESS _____

DRIVERS LICENSE # _____ SOCIAL SECURITY # _____

BANK INFORMATION

BANK _____ ACCT # _____

LOCATION _____ TEL # _____

SUPPLIERS

NAME _____ TEL # _____

ADDRESS _____

NAME _____ TEL # _____

ADDRESS _____