

SN: _____

LVL: _____



APPLICATION FOR COD ACCOUNT

Name of Business: _____

Name of Applicant: _____

Description of Business: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Ship to Address (If different): _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Sales Tax Exempt Number (if applicable): _____

Email Address: _____

WE ARE ABLE TO SECURELY KEEP A CREDIT CARD NUMBER ON FILE. IF YOU ARE INTERESTED, PLEASE CALL THE ACCOUNTING DEPARTMENT AT (435) 688-9148.

By signing below, the company agrees to pay for all goods and services purchased from Trailer Parts Wholesale, Inc., plus any finance charges or other amounts which are due. The company agrees to pay the full amount of each invoice at the time of purchase. For each invoice not paid at date of service, the company will pay a service charge at the rate of 3.00% per month (18% per annual) on the unpaid balance from the date the amounts became due until paid in full, and that the company will pay all costs of collection incurred by Trailer Parts Wholesale, Inc. including, without limitation, its attorney's fees, court costs, and other expenses incurred in collecting the amounts owed to Trailer Parts Wholesale, Inc.

X

Authorized Signatory

Title: _____

Date: _____