

COD ACCOUNT

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

AP e-mail: _____

Authorized Buyers: _____

<input type="checkbox"/>	Corporation Partnership
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Limited
<input type="checkbox"/>	Sole Proprietorship
<input type="checkbox"/>	Government Agency
(Check One)	

COMPANY OFFICERS/ PARTNERS/ OWNERS

Name & Title _____

Name & Title _____

Social Security Number of Proprietor or Partners _____

Federal Tax I.D. # _____ State Resale Tax # _____
 (Required)

Contractors License # _____

In Business Since: _____

Purchase or work order number required: Yes No

Signature: _____

Date: _____

*The above signed person guarantees payment on all amounts due for product ordered or received. Ordered product must be picked no later than ten days after completion.
 *Should the account be placed for collection with and outside agency, GLAZ-TECH INDUSTRIES, INC. shall be entitled to their reasonable collection and/or legal expenses. This agreement and subsequent purchases orders shall be construed in accordance with the laws of the State of Arizona. Any actions brought concerning or relative to any dispute arising from a purchase order or shipment of material shall be brought in Pima County, Arizona.