



COD APPLICATION

AS A BASIS FOR CONSIDERATION FOR AN ACCOUNT BASED ON COD TERMS, ALL BLANK SPACES MUST BE FILLED IN AND APPLICATION SIGNED, AND ORIGINAL RETURNED

LEGAL BUSINESS NAME		TRADE NAME	TELEPHONE NO. () FAX NO. () E-MAIL:		
STREET ADDRESS-BUSINESS		CITY	COUNTY	STATE	ZIP CODE
BILLING ADDRESS		CITY	COUNTY	STATE	ZIP CODE
IS BUSINESS:	INDIVIDUALLY OWNED FEDERAL ID#	PARTNERSHIP	LTD. PARTNERSHIP	CORPORATION	
NAME - PRINCIPAL		TITLE	TELEPHONE NO. ()		
HOME ADDRESS		CITY	STATE	ZIP CODE	
NAME - PRINCIPAL		TITLE	TELEPHONE NO. ()		
PRIMARY TYPE OF BUSINESS: RESIDENTIAL COMMERCIAL HVAC/GAS/MECHANICAL LICENSE #					
DATE BUSINESS ESTABLISHED IF LESS THAN THREE YEARS, LIST PREVIOUS WORK EXPERIENCE OR BUSINESS NAME					
HAVE ANY OWNERS OF THIS BUSINESS EVER FILED BANKRUPTCY?				IF YES, GIVE NAME, COMPANY AND DATE	
TYPE OF MERCHANDISE YOU WILL BE PURCHASING: EQUIPMENT PARTS SUPPLIES/ACCESSORIES					
WILL YOUR PURCHASES BE TAX EXEMPT? NO YES				IF YES, TAX EXEMPT CERTIFICATE MUST BE ATTACHED TAX EXEMPT #:	
P.O. # REQUIRED YES NO		ESTIMATED AMOUNT OF MONTHLY PURCHASES: \$ IF ESTIMATED AMOUNT IS MORE THAN 10,000 PLEASE FURNISH A FINANCIAL STATEMENT			

COLLECTION AND ATTORNEY'S FEES

In the event of default, and if this account is turned over to an agency and/or an attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and /or costs of collection whether or not suit is filed.

(I) (We) understand that Dale Supply Company makes no warranties regarding goods sold. This includes but is not limited to, the warranty of fitness for a particular purpose or warranty of merchantability. All warranties are limited to the manufacturer's policy regarding the specific goods.

CHANGE OF OWNERSHIP

I/We understand that we must notify Dale Supply Company in writing and by certified mail of any change in ownership, the name of the business or structure of the business under which the account is established.

VENUE/APPLICABLE LAW

All amounts due for purchases from Dale Supply Company are payable at 1216 Northgate Business Parkway Madison, TN 37115. It is further agreed that this agreement is entered into the state of Tennessee, county of Davidson, and is governed by the laws of the state of Tennessee.

SALES TAX INDEMNIFICATION

If Dale Supply Company is assessed sales tax on any sale by any taxing authority, the buyer agrees to promptly reimburse Dale Supply Company.

AUTHORITY OF SIGNATURE and TITLE

The person executing this agreement has the authority to bind the customer and is authorized by the customer to enter into the COD application with Dale Supply Company.

RETURN CHECK CHARGES

Any checks returned will be accessed the applicable return check fee.

Firm Name _____

By: _____ Print Name _____ Title _____

By: _____ Print Name _____ Title _____

Signed original application must be received before account can be opened

DALE SUPPLY COMPANY

1216 Northgate Business Parkway • Madison, TN 37115 • (615) 244-3573 • FAX (615) 244-1219