

APPLICATION C.O.D. ACCOUNT

Applicant Business Name			How did you hear abo	How did you hear about Equipment Depot?		
Billing Address			City	State	Zip	
Shipping Address (if different)		City	State	Zip		
Telephone			Fax			
Accounts Payable's contact			Email			
Telephone/ext.			Are Purchase Orders	required? Yes / N	No (circle one)	
() Taxable () Non-Taxable				() Exemption or Resale Certificate – form submission required to sales representative prior to placing an order		
Equipment De	epot Contact/Sales	Rep Name	Loc	cation		
Depot by applicant and/or guarantors. Any balance so remaining unpaid shall bear interest at the lesser rate of 1.5% per month or the maximum rate permitted by law, until paid in full. Signing this agreement Indicates your acceptance of the terms and conditions stated herein. In addition, you authorize Equipment Depot to make any and all inquiries necessary to process this Credit Application, including investigating the income, liabilities, credit and financial responsibility, both as individuals and as a business organization. I (we) hereby consent to the release and disclosure to Equipment Depot of the above information sought by those inquiries. Signing this agreement also indicates your understanding that all payments due under this agreement shall be remitted to Equipment Depot's principal office located in Harris County, Texas, that you submit to the jurisdiction of the Texas courts, your agreement that should any dispute arise as to the provisions or performances of this agreement, exclusive Jurisdiction and venue shall lie in the courts, state or federal, of Harris County, Texas, and that this agreement shall be governed by the laws of the State of Texas, exclusive of any conflicts of laws rules.						
Applicant's Signature						
Applicant's Na	ame		THE			
FOR EQUIPMENT DEPOT USE ONLY						
Date	Branch Code	Territory Code	Salesperson Code	Acc	:t.#	
Approved By		C!	IC Code	CON/II	ND.	