



COD ACCOUNT SET UP REQUEST

Date: _____

Company Name: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Fax #: _____

Contact Name: _____ Title: _____

Email Address: _____

I have agreed to the set up of the above referenced COD account and the information provided is correct.

Customer Signature: _____

Name and Title of Authorized Person: _____

***** PLEASE ATTACH YOUR TAX EXEMPTION CERTIFICATE *****

INTERNAL USE ONLY

DC #: _____ Customer Type: _____

Sales Rep, In: _____ Sales Rep, Out: _____

Person to notify when account is set up: _____

Please FAX completed form to (864) 281-3367 or click [here](#) email to credit@cameronashleybp.com.

Thank You!