

100% Employee Owned Distributor of Building Products

COD AGREEMENT

Payment is expected at time of pick-up or delivery. A non-refundable deposit is required on non-stocked materials.

FOR OFFICE USE	ONLY:						
Date: Branch:		Account #	Account #:		Territory No		
Company Name:							
Street Address:			City:	Stat	e:	Zip:	
Office Number:		Fax:	E	-mail:			
Type of business	(please check one): P	oprietor Pai	rtnership Lir	nited Liability C	o (LLC)		
Corporation	_ State & Date of Co	poration					
Do you issue PO r	numbers?: Yes or N	o (please circle)					
I/We hereby certify and installation se order approval and payment for the m rate of 2% per mo	ty - Officer / Owner / y that the information i rvices provided, by the d after account is oper aterials or installation nth, and 30% attorney y locale in which the C	s correct to the best e undersigned and n n to update records, services provided, tl fees. The proper ju	amed company. I// renew account, and ne above named co risdiction and venue	Ve understand l or assist in col mpany and the for legal actior	Mid South m lection efforts undersigned shall be Fai	ay obtain persor s. If litigation is guarantors sha	nal credit reports for necessary to obtain Il pay interest at the
"Documents sigr	ned by electronic and	d/or facsimile trans	mission shall be c	onsidered orig	ginal signatu	res".	
Name: (please pri	nt)						
Home address:		City	City:		Zip:		
Home/Office:		Cell:					
Social Security #:							
Date:		Signature:					
Officer / Owner /	Member #2:						
Name: (please pri	nt)						
Home address:		City:	City: S		tate: Zip:		
Home/Office:			Cell:				
Social Security #:							
Date:		Signature:					
			pringfield (Corp uff Court • Spring (703) 321-850	gfield, VA 22	151		
Ashburn, VA (703) 720-5163	Camp Hill, PA (717) 761-6611	Charlottesville, VA (434) 979-2335	Fredericksburg, (540) 891-440			ichmond, VA 804) 652-0090	Winchester, VA (540) 662-3100