



CUSTOMER INFORMATION FORM FOR COD ACCOUNTS

FAX TO (602) 278-0285

1300 NORTH 24TH AVE. PHOENIX, AZ 85009

Date: _____

Sales Rep. _____

ANSWER ALL QUESTIONS

Company Name _____ State Resale _____

Business Name _____ Address _____

City _____ State _____ Zip _____ County _____

SHIP-TO Address: _____ City/State/Zip _____

Phone () _____ Fax () _____

Type of Business _____ Federal I.D. # _____ How Long _____ year(s)

Partnership _____ Proprietorship _____ Incorporated _____ What State? _____

Company Bank _____ Acct# _____ City _____ State _____

PRINCIPALS OF COMPANY

Name _____ SS# _____ Address _____

City _____ State _____ Zip _____ Own _____ Rent _____ Title _____

Name _____ SS# _____ Address _____

City _____ State _____ Zip _____ Own _____ Rent _____ Title _____

Name _____ SS# _____ Address _____

City _____ State _____ Zip _____ Own _____ Rent _____ Title _____

Authorized People to Purchase/and or sign checks _____

Purchase Orders Required, please check one YES _____ NO _____

Purchases are Taxable _____ or Resale _____ (If Resale, please fill out Form 5000 w/ valid number)

Authorized Signer Name (PRINT) _____

Authorized Signer Drivers License No. _____ Exp Date: _____

Please provide a hard copy of Authorized Signer Driver's License

I/WE confirm the above information is correct and true.

DEFAULT AGREEMENT

In the event payment is not made and this account is referred for collection, I/WE will pay cost of collection equal to a minimum amount of eighteen percent of the principal amount. I/WE understand interest on any unpaid balance will be charged at the highest rate authorized by law. If suit or action by an attorney is instituted, I/WE promise to pay reasonable attorney fees in said suit or action. It is understood that in the event of a suit or action, that Maricopa County, AZ at the option of Pioneer Distributing Co. is the venue for litigation. I/WE understand that I/WE are waiving our right to litigate outside of Maricopa County, AZ.

Signed by X _____ Print _____ Title _____

I/WE undersigned agree to guarantee payment of all sums due and owing. I/WE understand that venue is as stated above and that this continuing guarantee shall not be revoked except by written notice to PIONEER DISTRIBUTING COMPANY.

Guarantor X _____ Guarantor X _____

Print NameX _____ Print NameX _____

***Note: Fax or Email copy will act as an original copy.

Credit app 030409