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### COD Check Application Form

Account # \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Ship To: \_\_\_\_\_  
Street City State/Zip

Mail To: \_\_\_\_\_  
Street City State/Zip

Account Payable: Mr./Ms. \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Type of Company:  Corporation  Partnership  Sole Ownership

Owner or Principal's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_  
Street City State/Zip

Owner's Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Driver's License #: \_\_\_\_\_

### Credit Information

1. Business Checking Account # \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

2. Card Number ( Visa / MasterCard )

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Card Holder's Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Title in Business: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

### Business References (At least 2 must be provided)

1. Vendor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

2. Close Living Relative: \_\_\_\_\_

Name Phone

3. Place of Employment: \_\_\_\_\_

Name Phone

I understand that for any form of returned check, there is a \$20 service charge and my account will be immediately referred to Dunn & Bradstreet Commercial Collections. No re-deposit will be accepted. With my signature on this form, I am responsible for any and all costs of collections and/or legal actions that are incurred as a result of a returned check from this account. I authorize Pioneer Interstate, Inc. or its Authorized Agents to verify the above information, including but not limited to obtaining a Credit Report.

Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_