

Customer Name:

COD ACCOUNT SETUP REQUEST

Payment is due upon receipt. Payment methods include cash, credit card, or check.

Customer Contact Name:
Billing Address:
City:
Province:
Postal Code:
Email Address:
Phone Number:
Customer Industry Segment:
Is a PO Required?:
Tax Exempt?:
If Yes, please attach a copy of the sales tax exemption certificate.
Machinery Supply Representative:
Press the mail icon to send to the Credit Department.