

# C.O.D. / MV ACCOUNT FORM

Date \_\_\_\_\_ Sales Person \_\_\_\_\_

RUBONIA       HENDERSONVILLE       BOONE      (check one)

**ACCOUNT NAME** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

COUNTY \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (      ) \_\_\_\_\_ FAX (      ) \_\_\_\_\_

**SHIPPING ADDRESS** \_\_\_\_\_

COUNTY \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (      ) \_\_\_\_\_ FAX (      ) \_\_\_\_\_

EMAIL \_\_\_\_\_

### **SALES TAX INFORMATION**

TAX TO BE CHARGED?     YES     NO    IF NO, A COPY OF YOUR CURRENT TAX EXEPTION CERTIFICATE  
**MUST BE INCLUDED WITH THIS APPLICATION.**

**RESTRICTED PESTICIDE PERMIT** (IF APPLICABLE, INCLUDE A COPY WITH THIS FORM)

PERMIT HOLDERS NAME	PERMIT NO.	STATE	EXPIRATION DATE
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### **CONTACT PERSONS**

ACCOUNT PAYABLE CONTACT \_\_\_\_\_ PHONE & EXT. \_\_\_\_\_

SALES CONTACT \_\_\_\_\_ PHONE & EXT. \_\_\_\_\_

**\*\*\* The following is to be completed by Southern Ag office \*\*\***

PRICE CODE \_\_\_\_\_

CREDIT LIMIT \_\_\_\_\_ TERMS: \_\_\_\_\_

TYPE OF BUSINESS:    GO      GT      GV      GF      DL      DS      MA  
(circle one)      Grower Orn.    Grower Turf    Grower Veg    Grower Fruit    Dealer    Distributor    Misc.

ACCOUNT NUMBER: \_\_\_\_\_