



# COD ACCOUNT FORM

FAX TO 941-720-0788 OR EMAIL [SALES.FLORIDA@SOUTHERNAG.COM](mailto:SALES.FLORIDA@SOUTHERNAG.COM)

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

**RUBONIA      HENDERSONVILLE      BOONE      (check one)**

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

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

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

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

DELIVERY ADDRESS \_\_\_\_\_

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

EMAIL \_\_\_\_\_

DOES THIS BUSINESS DO ANY ECOMMERCE/ONLINE SALES? YES      NO

### SALES TAX INFORMATION

TAX TO BE CHARGED? YES      NO

IF NO, A COPY OF YOUR CURRENT TAX CERTIFICATE **MUST BE INCLUDED** WITH THIS APPLICATION OR THE ACCOUNT WILL BE MARKED AS TAXABLE.

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

PERMIT HOLDERS NAME      PERMIT NO.      STATE      EXP DATE

### CONTACT PERSONS

PAYMENT CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

SALES CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

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

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

TYPE OF BUSINESS:      GO      GT      GV      GF      DL      DS      MA      GH  
(CIRCLE ONE)      GROWER ORN.      GROWER TURF      GROWER VEG      GROWER FRUIT      DEALER      DISTRIBUTOR      MISC      GROWER HEMP

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