

**DOORMARK, INC.**  
**430 GOOLSBY BLVD. \* DEERFIELD BCH, FL 33442**  
**(954) 418-4700 \* TOLL FREE (888) 969-0124 \* FAX (954) 418-4703**

**C.O.D. ACCOUNT INFORMATION**  
**PLEASE COMPLETE ALL SECTIONS FULLY**

Trade Name: \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Classification: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Subsidiary Corp. \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Other \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Started: \_\_\_\_\_

Occupational License No: \_\_\_\_\_ SS#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Sales Tax Exempt No: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PRINCIPAL OWNERS / OFFICERS**

\_\_\_\_\_  
Name Title Home Address/Street City State Zip Home Phone

\_\_\_\_\_  
Driver's License No. (**Attach photocopy**)

\_\_\_\_\_  
Name Title Home Address/Street City State Zip Home Phone

\_\_\_\_\_  
Driver's License No.

**BANKING**

\_\_\_\_\_  
Bank Name Address/Street City State Zip Phone

\_\_\_\_\_  
Officer Familiar with Account Fax Number Checking and/or Loan Account Number (list all)

**AGREEMENT:**

**It is understood that by signing this application, Buyer is hereby authorizing Doormark, Inc. to obtain information on Buyer's banking relationships. It is further understood that a service charge in the amount of \$25.00 will be assessed on all protested checks returned by Buyer's bank. It is also understood that Doormark, Inc. diligently prosecutes "Theft by Check." If customer is a corporation, the undersigned agrees to be personally responsible for all purchases made by the corporation. The undersigned agrees to pay all collection costs, court costs, and legal fees incurred to collect delinquent balances. Your signature will indicate an understanding that this is a custom order and once produced you will be legally responsible for payment of goods.**

Name of Firm or Corporation: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**A COPY OF YOUR OCCUPATIONAL LICENSE, DRIVER'S LICENSE & ANNUAL RESALE  
CERTIFICATE MUST BE SUBMITTED ALONG WITH THIS APPLICATION**