

**Customer Application For C.O.D. Only Account** ( IF YOU WISH CREDIT USE OTHER FORM )

**Account name:** \_\_\_\_\_ **Federal ID. #:** \_\_\_\_\_  
Contact name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
**Tel #:** \_\_\_\_\_ 2nd Tel #: \_\_\_\_\_  
Fax #: \_\_\_\_\_ County: \_\_\_\_\_  
**Billing address:** \_\_\_\_\_ Shipping address: (if different) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date established: \_\_\_\_\_ Number of employees: \_\_\_\_\_ How long at this location: \_\_\_\_\_  
Type of business: Corporation \_\_\_\_\_ State of Inc. \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_  
Primary business: Agriculture \_\_\_\_\_ Construction \_\_\_\_\_ Services \_\_\_\_\_ Retail \_\_\_\_\_  
Public Utility \_\_\_\_\_ Government Facility \_\_\_\_\_ Wholesale \_\_\_\_\_ Manufacturing \_\_\_\_\_  
Other (specify) \_\_\_\_\_

Specific product or service: \_\_\_\_\_  
Have you done business with us previously? \_\_\_\_\_ Under what name? \_\_\_\_\_

The Expediter sells Trailer Parts, Towing Products, Marine Hardware, & Electrical Items.  
Who are you currently purchasing these items from? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal officers or owners: \_\_\_\_\_ Social Security # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you would like us to accept your checks please include Bank information, include account number.  
\_\_\_\_\_  
\_\_\_\_\_

Please print the name, date of birth and driver's license numbers of check signers.  
\_\_\_\_\_  
\_\_\_\_\_

It is agreed that purchases made on this account will be paid within terms, All returned checks and accumulated fees will be paid in a timely manner. Unpaid balances are subject to charges of 1.5% a month. It is agreed that these plus all incurred costs to collect this account, including but not limited to return check charges (\$30 per month), court and legal costs will be paid by the applicant to The Expediter, LLC. Venue for all purposes under this agreement shall be in the state courts in Palm Beach County, FL, or in the Federal courts located in the Southern District of Florida.

Print your name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THE ABOVE MUST BE SIGNED TO AVOID A CASH / CERTIFIED FUNDS ONLY ACCOUNT.

Please Note: If you are a Florida Business, we must have a signed copy of your current year's Annual Resale Certificate.

Without this copy we must charge you sales tax. Resale tax #

**THE EXPEDITER, LLC. (561)863-2220 (800)330-1800 Acct. fax (561)863-2229 (888)330-8351**  
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