



COD Account Setup Form

Date:

Company Information

Company Name	Phone	Email		
Primary Address	City	State	Zip	

Shipping Information

Receiving Contact	Phone	Email		
Shipping Address	City	State	Zip	
Special Instructions				

Accounts Payable

AP Contact	Phone	Email		
Billing Address	City	State	Zip	

Order Acknowledgement

OA Contact	Phone	Email		
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Credit Card Authorization

Type of Card: Mastercard	Visa	AmEx		
Name on Card			Exp.	
Card Number			CCV	
Authorized Signature				Date

Form Completed by
(Signature)

Signatory Full Name

Title

Date

Please complete this form at your and email it to mmcneill@encoresupply.com or drodriguez@encoresupply.com, or fax to (562) 612-4858.

Thank you!