



Return completed credit applications to:
Email: newaccount@carrierenterprise.com
Fax: 704-749-8572

Application for COD customer ONLY

Date: _____

Customer Information

Name of Applicant _____
(If applicant is a corporation or LLC, give name as it appears in the **ARTICLES OF INCORPORATION**)

List all Trade Names if different from above _____

Street Address _____

City _____ State _____ Zip _____

Shipping Street Address _____

Shipping City _____ State _____ Zip _____

Phone # _____ - _____ - _____ Fax # _____ - _____ - _____ E-Mail _____

Ownership: ☐ Individual/Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ LLP

Federal ID # _____ CAC License # _____ Date Business Started _____

How long under current Trade Name _____

If new business describe Past Employment of Principal _____

Sales Tax Status: ☐ Taxable ☐ Non-Taxable

(Sales Tax will be charged unless the required exemption form is attached)

General Information

1. The information given above is only to establish an account with the company as Cash On Delivery ("C.O.D") customer with Carrier Enterprise, LLC. 2. The applicant agrees to pay all invoices immediately upon delivery of equipment, parts and supplies or services rendered by Carrier Enterprise, LLC 3. The undersigned certifies that all of the information on provided above is complete, factual and correct. Carrier Enterprise, LLC is not under any obligation to provide any credit or any other concession based on the above information. 4. CE may require further information as appropriate for any credit line request. By signing below, the undersigned agrees to the Terms and Conditions of sale and that undersigned hereby represents that he/she is authorized as the BUYER

Name of applicant: _____

Name of authorized Buyer: _____

Signed By : _____

Authorized Buyer's signature: _____

(Title) _____

(Title) _____

CE Store # _____ Customer Account # _____