

# CNC CABINET COMPONENTS

560 DISTRIBUTION DRIVE  
MELBOURNE, FL 32904  
PHONE: 321-956-3470 FAX: 321-956-6928

## C.O.D. & Check Information

ACCOUNT						
Trade Name			Phone	Fax		
Mailing Address:	Street or P.O. Box	City	County	State	Zip	
Shipping Address:	Street	City	County	State	Zip	
Business Classification: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Subsidiary <input type="checkbox"/> Government Agency <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____						
Type Of Business: _____				Date Started: _____		
Sales Tax Exempt Number:				Certificate Attached: YES NO		

PRINCIPAL OWNERS/OFFICERS						
Name	Title	Home Address		City	State	Zip
Birthdate		Driver's License No.			Home Phone	
Name	Title	Home Address		City	State	Zip
Birthdate		Driver's License No.			Home Phone	

BANKING						
Bank Name	Address/ Street			City	State	Zip Phone
Officer Familiar with Account		Fax Number		Checking and/or Loan Account Numbers (List All)		

<b>AGREEMENT:</b> It is understood that by signing this application, Buyer is hereby authorizing CNC Cabinet Components to obtain information on Buyer's banking relationships. It is further understood that a service charge of the greater amount of \$25.00 or 5% of the check amount will be assessed on all protested checks returned by the Buyer's bank. It is also understood that CNC Cabinet Components diligently prosecutes "Theft by Check." Buyer also agrees to pay all costs of collection of the account represented by this invoice including CNC Cabinet Components' reasonable attorney fees. A service charge of 1½% per month will be charged on all overdue accounts (18% per annum).						
Name of Firm or Corporation: _____				Date: _____		
Signature: _____		Printed Name: _____		Title: _____		

**Please fax to 321-956-6928 when complete.**