



COD APPLICATION

PURPOSE:

The purpose of this customer information packet is to provide Marque's Food Distributors with updated customer information needed for speedy recalls of product that may have become tainted or defective by the manufacturer. It also provides our customer service representative a comprehensive listing of people authorized to charge onto a customer's account. Pre-established payment terms will speed up the purchase process at the sales counter. Finally, it will provide the Marque's driver with available options should money not be available when he arrives at a customer location.

POLICY:

COD (Cash On Delivery) customers must pay for merchandise at the point of delivery. Marque's can not extend any credit nor can Marque's leave any merchandise that is not paid in full. Payment options are cash, check, credit cards and debit cards. Information for credit card and debit card purchases must be on file prior to use. Credit card / debit card authorization must be complete. By having credit card / debit card information on file at Marque's, it will afford the customer to get needed COD merchandise in the absence of a check or available money at the point of delivery. The credit card / debit card option must be completed on the following page.

COD ACCOUNT APPLICATION

(Please Print)

Full Legal Business Name:			
D/B/A:		Name of the second seco	
Deliver Address:			
City:	State:	Zip:	
Billing Address:			
City:	State:	Zip:	
Tax ID Number:			
Contact Person:			
Home Address:			
Phone:	Fax:		
Business E-Mail:			
Office Phone:	Office Fa	ax:	

BUSINESS INFORMATION

	How long in business at this	s address	?	
	☐ Proprietorship ☐ General Partnership ☐ Ltd. Partnership		☐ Corporation☐ LLC	
	If corporation: Date Incorpo	orated:	State of Incorpora	tion:
	Complete the following information	on for indivi	dual proprietor or for all partners or	corporate officers:
	Name:		Social Security #:	
1	Title:	D	river's License #:	St:
	Home Address:			
	Home Phone:	Cell:	E-Mail:	
7	Name:		Social Security #:	
_	Title:	Di	river's License #:	St:
	Home Address:	720		
	Home Phone:	Cell:	E-Mail:	
7	Name:		Social Security #:	
3	Title:	Dı	river's License #:	St:
	Home Address:			
	Home Phone:	Cell: _	E-Mail:	
	cash or check is not available to merchandise will not be delive	to pay for i red. I also	COD (Cash on Delivery) and in t my order at the time of delivery, t acknowledge that by filling out tl e that my delivery is made shoul	that my he Credit Card /
	Signature:			

CREDIT CARD / DEBIT CARD OPTION

I hereby authorize Marque's Food Distributors to charge approved purchases to my redit / debit card account.
Charge all of my purchases automatically to my credit / debit card account. Master Card Visa American Express Digit Security Code Expires: Card Number
Cardholder's Name (Print):
Cardholder's Signature:
Credit Card Billing Address:
City & State: Zip Code:
Ship To Location Name:
Ship To Address: City:
Phone: Fax:
Phone: Fax: Name: Title:
Name: Title:
Name: Title:
Name:Title:Bignature:Date:
Signature: Title: OFFICE USE ONLY