



COD APPLICATION AND AGREEMENT

COMPANY NAME _____

MAILING ADDRESS _____

STREET ADDRESS _____

PHONE NUMBER () _____ FAX () _____

SALES TAX EXEMPTION CERTIFICATE: YES (If Yes, Please Include Signed Certificate Or Copy) NO

TYPE OF ENTITY: CORP. PARTNERSHIP PROPRIETORSHIP INDIVIDUAL LLC

All checks issued to SRS and its subsidiaries will be verified by United TranzActions

The Customer identified above hereby applies for Cash on Delivery (C.O.D.) account from SRS Distribution Inc. or any of its subsidiaries (herein separately and collectively referred to as "Seller"). If a subsidiary, business unit or assumed name is identified above then Seller means that subsidiary or business unit. Payment terms on all invoices are Cash on Delivery (C.O.D.). The maximum collection fee by law will be charged for any Non-Sufficient Funds (N.S.F.) and/or Returned Checks. A service charge of one-and-one-half percent (1-1/2%) per month or eighteen percent (18%) per annum may be assessed on delinquent invoices (as defined by one day after receipt of the product as evidenced by a proof of delivery and/or invoice date) is, but not to exceed at any time, the highest rate of interest legally allowed. All amounts due for purchases from Seller are payable at 5900 South Lake Forest Drive, Suite 400, McKinney, TX 75070. It is further understood that this agreement is entered into in the State of Texas, Collin County. These terms and conditions of sale shall be construed and interpreted according to the laws of Texas. In the event of default, and if this account is turned over to an agency and/or an attorney for collection, the undersigned agrees to pay all reasonable attorneys' fees, and/or costs of collection whether or not suit is filed. The person executing this agreement has the authority to bind the customer and is authorized by the customer to enter into the Cash on Delivery (C.O.D.) application terms and conditions.

COMPANY NAME _____

SIGNATURE _____ DATE _____

PRINTED NAME _____ TITLE _____

EMAIL _____ CELL () _____

SIGNATURE _____ DATE _____

PRINTED NAME _____ TITLE _____

EMAIL _____ CELL () _____

Branch Manager (Print Name) _____	*
Branch Code/Number _____	

Territory Manager (Print Name) _____
Group ID _____



ORDER CONFIRMATION:

If you would like to receive an order confirmation by email and/or fax, please provide up to five email addresses and/or a fax number.

1. _____
2. _____
3. _____
4. _____
5. _____

DELIVERY NOTIFICATION:

If you would like to receive a delivery notification by email and/or text message, please provide one email address and/or one cell number.

CELL () _____
EMAIL _____

MARKETING: (ALERTS; NOTIFICATIONS; BULLETINS; ETC.)

If you would like to receive notifications on decreases/increase in pricing, special buys, branch events, etc. please provide the information below.

NAME _____	EMAIL _____
TITLE _____	CELL () _____
NAME _____	EMAIL _____
TITLE _____	CELL () _____
NAME _____	EMAIL _____
TITLE _____	CELL () _____
NAME _____	EMAIL _____
TITLE _____	CELL () _____