



Date \_\_\_\_\_, 20\_\_

8975 Complex Drive, San Diego, CA 92123  
(858) 292-8100 · Fax (858) 292-8102 · www.copy2copy.com

### C.O.D Application

(Please type or print)

NAME OF FIRM \_\_\_\_\_

Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_ A/P Contact: \_\_\_\_\_

Type of Business:  Corporation  Partnership  Proprietorship Established: \_\_\_\_\_

Kind of Business: \_\_\_\_\_

**Please list name and address of each principle/partner/proprietor.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Method of Payment:  Check  Credit Card

Signature of Credit Card Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Type of Credit Card:  American Express  Visa  MasterCard  Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

All prices are subject to change without notice. Should any Customer checks be returned by their bank for the reason of insufficient funds, Customer agrees to pay twenty-five dollars (\$25.00) for each check returned to Copy2Copy as a handling charge. Copy2Copy shall not be liable for failure to deliver goods or delays occasioned by causes beyond its control.

**THE UNDERSIGNED HAS READ THIS APPLICATION AND AGREES TO BE BOUND BY ITS STATEMENTS, TERMS AND CONDITION STATED HEREIN.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_