

NEW C.O.D. CUSTOMER FORM

CUSTOMER NAME: _____

BILLING ADDRESS: _____

SHIP TO ADDRESS: _____

CONTACT NAME: _____

PHONE #: _____

TAX INFORMATION: **THIS SECTION MUST BE COMPLETED.**

***IF YES TO ANY OF THE FOLLOWING A COPY OF EXEMPTION CERTIFICATE **MUST** BE ATTACHED TO THIS FORM PRIOR TO DELIVERY.....

	YES	NO
STATE TAX EXEMPT	<input type="checkbox"/>	<input type="checkbox"/>
PARISH/COUNTY EXEMPT	<input type="checkbox"/>	<input type="checkbox"/>
EXCISE TAX EXEMPT	<input type="checkbox"/>	<input type="checkbox"/>

IS DELIVERY INSIDE OR OUTSIDE CITY LIMITS? | _____

OTHER INFO OR COMMENT _____

PRODUCT: _____

IF APPLICABLE

FUEL TYPE: _____

MARGIN: _____

NET OR GROSS: _____

ABOVE OR UNDERGROUND: _____