



Salesperson: \_\_\_\_\_  
 Date: \_\_\_\_\_

Capitol Supplies, Inc. – 2020 Illinois Street – Indianapolis, IN 46202  
 (800) 451-8353 Toll Free – (317) 926-6061 LOCAL - (317) 923-8852 FAX

**This is an application to open a COD account.**

**COD Account Information**

APPLICANT NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip
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PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAY WE CONTACT YOU VIA FAX? YES NO

TAX ID #: \_\_\_\_\_ Please attach a copy if you want purchases to be tax exempt

EPA ID #: \_\_\_\_\_ must supply copy for equipment purchases

**TERMS OF SALE**

- |   |
|---|
| A.) Payment is due at time of purchase. |
|---|
- B.) Returns are subject to a **20% Restocking charge.**
  - C.) Capitol Supplies Order/Sales Policies will apply to all orders  
(please refer to them for more details)
  - E.) Applicant has the technical knowledge and skills to install and service the HVAC related Items they will be purchasing.
  - D.) Method of payment shall be **cash, credit card, or certified bank check.**  
If you wish to write personal or company checks please fill out and return our Check Acceptance Agreement.

**I HAVE READ THE ABOVE INFORMATION AND I AGREE TO THESE TERMS.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_