



NATIONAL EXCELSIOR COMPANY

18500 North Creek Drive, Tinley Park, IL 60477
Phone 708-418-7920, Fax 708-868-7009

C.O.D
CONFIDENTIAL APPLICATION

We hereby apply for a C.O.D. Account from your firm. We believe that our firm is financially able to meet any commitments we have made and we expect to pay your invoices according to your terms. Owner must provide copy of **DRIVER'S LICENSE OR STATE ID.**

Business Name _____

Billing Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

E-mail address _____

Owner's Name _____

If you need to purchase **REFRIGERANT** please provide Certificate # _____ Certificate Type _____
Please attach copy of your certificate

The undersigned hereby represents that all of the information above is true and that said representations are made for the purpose of obtaining an account from National Excelsior Company, under the foregoing terms and conditions:

1. C.O.D. Application, types of payment acceptable are cash, Visa, MasterCard, Discover, AMEX, check subject to approval. We do not accept cash payments on purchases \$7,500.00 or more.
2. All returns must have written authorization. All new and unused returns are subject to a minimum 30% restocking charge.
3. If your account is referred to a collection agency or attorney, you will be responsible for paying any costs and fees incurred by National Excelsior Company, herein known as Excelsior. If any matter hereunder goes to litigation, Applicant agrees to the exclusive jurisdiction of the Circuit Court of Cook County, State of Illinois.
4. Excelsior reserves the right to apply a \$50 or 2% charge, whichever is greater, to your account for any check that is returned not paid.
5. There are no understandings or agreements between applicant and Excelsior other than those fully expressed and contained herein and no agent or salesman of Excelsior has any authority to obligate Excelsior by any terms, guarantees, warranties, stipulations or conditions not mentioned.
6. All sales of non-stock items are final.

Signature _____ Date _____

FOR INTERNAL USE ONLY:

DATE RECEIVED _____ **DATE REVIEWED** _____

TM# _____ **COLLECTOR** _____ **BRANCH** _____ **EPA** _____ **MKT** _____ **REBATE** _____

PRICE LEVEL _____ **ACCOUNT #** _____