



Date _____

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 / Billing Address _____ City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Delivery 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: _____

Billing Zip Code: _____ CVV Code: _____

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: _____