



C.O.D. Company Check Authorization Request

UI Supplies, Inc
95 Orville Dr.
Bohemia, NY 11716
U.S.A.

Fax to: 888-791-9188 or
631-218-3285 (local)

We request authorization to pay for incoming products by company check and provide the following information:

Please type or print name as it should appear on the invoice:

Business Name: _____

Federal Tax ID#: _____

Organizational Form: ___ Sole Proprietorship ___ Partnership ___ Corporation

For NYS Customers Only: Resale #: _____

Street Address: _____

City, State & Zip: _____

Telephone #: _____ Fax #: _____

Email Address: _____ Years in Business: _____

Purchasing Manager: _____ A/P Manager: _____

President or Owner: _____ SSN #: _____

Home Address: _____ Home Telephone #: _____

TRADE REFERENCE

Company Name: _____ Account #: _____

Company Address: _____

Telephone #: _____ Fax #: _____ Email: _____

BANK REFERENCES

Bank Name: _____ Bank Contact Person: _____

Bank Address: _____

Account #: _____ Telephone #: _____ Fax #: _____

We hereby certify that the information given in this application is accurate, to the best of our knowledge. All returned checks will be charged a \$25.00 returned item fee. We reserve the right to add Attorney and collection fees to all outstanding balances after 60 days.

**WE HEREBY AUTHORIZE THE RELEASE OF CREDIT INFORMATION
FROM THE ABOVE LISTED BANK AND REFERENCE.**

Signed: _____ (Title) _____ Date: _____

Office use only:

Cust #:		Rep:	
Sent:		Rec'd:	
B	T1		