



P.O. Box 12
Woonsocket, RI 02895
www.SunshineJoy.com

TEL (401) 769-8800
FAX (401) 769-4800
E-MAIL sales@sunshinejoy.com

C.O.D. CHECK APPLICATION

Please fill this form out completely and legibly. Make sure to include fax numbers for trade references for quick processing.

STORE NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

BUYER CONTACT _____

BUYER PHONE _____

BUYER FAX _____

BUYER E-MAIL _____

TYPE OF COMPANY Sole Proprietorship
 Partnership
 Corporation

TAX ID # _____

ESTIMATED MONTHLY PURCHASE FROM US \$ _____

YEARS IN BUSINESS _____

ACCOUNTS PAYABLE CONTACT _____

ACCOUNTS PAYABLE PHONE _____

ACCOUNTS PAYABLE FAX _____

YOUR NAME _____

TITLE _____

HOME ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

HOME PHONE _____

BANK NAME _____

BANK ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

BANK PHONE _____

ACCOUNT # _____

	TRADE REFERENCE 1	TRADE REFERENCE 2	TRADE REFERENCE 3	TRADE REFERENCE 4
NAME	_____	_____	_____	_____
ADDRESS	_____	_____	_____	_____
ADDRESS 2	_____	_____	_____	_____
CITY	_____	_____	_____	_____
STATE / ZIP	_____	_____	_____	_____
PHONE	_____	_____	_____	_____
FAX	_____	_____	_____	_____
ACCT #	_____	_____	_____	_____

Signing this application gives authorization to release any and all credit information including bank information for the purpose of determining credit terms. I am personally responsible for any checks issued to Sunshine Joy®. Bounced checks will be replaced with a bank check plus a \$20 bookkeeping fee and a 1.5% monthly finance charge on all past due bills. It is my responsibility to pay bills on time to Sunshine Joy® so I will pay any fees incurred in the collection of past due bills. (Faxed signature considered binding and same as original.)

Authorized Signature: _____ **Title:** _____ **Date:** _____