



Address: 1781 McGaw Ave, Irvine, CA 92614 Tel: 949 756 0536 Fax: 949 756 0528

## COD Application

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

### 1. COMPANY PROFILE

Company Name:							
Billing Address:							
Shipping Address:							
Date Established:							
Type of Business: (circle)	Corporation	Partnership	Sole Proprietor	Tel:		Fax:	
Business EIN No:							
Type of Products Sold:							

### 2. COMPANY CONTACT PERSON

	Name:	Telephone:	Email:
Owner:			
Purchaser:			
Account Payable:			
*Please provide us an email where we can send you your invoice: _____			
*Please provide us an email where we can send you your Tracking info: _____			

### 3. Credit Card Information

Credit Card Account No.	Expiration (MM/YY)	Security Code
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Type of Card:  American Express  Discover  Mastercard  Visa

I \_\_\_\_\_ (cardholder name) authorize Enerlites Inc to charge the credit card list above for all purchases made by authorized users of my account.

I guarantee payment for any purchases made with the credit card account number identified above, including renewed cards.

Signature (cardholder)

Date

### 4. LEGAL DOCUMENTS

Please provide following items when submitting this application, failure to include these documents will result in unnecessary delay

1. Copy of current & valid Business License
2. Copy of current & valid Resale Certification or Seller Permit

### 5. E-COMMERCE SALES

1. I have read and understood that distributors are not authorized to offer Enerlites products for sale through Amazon.com or eBay.com, without the written approval from Enerlites, Inc.

Please Initial Here: \_\_\_\_\_ Print: \_\_\_\_\_ Signature: \_\_\_\_\_