



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: _____