



3711 LeHarps Road, Youngstown, Oh 44515  
 330-792-1100—800-362-9410 FAX: 330-792-1462

Cust # _____
Approval: _____

### C.O.D. Requirements

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

<b>Company Name:</b>		
Billing Address:	Ship To Address:	
City	City	
State	State	
Zip	Zip	
Telephone Number:	Fax Number:	
E-Mail Address:		
Fed Id. #:	Products: <input type="checkbox"/> -Lubricants <input type="checkbox"/> -Fuel	
<b>Partners or Corporate Officers</b>		
Name	Title	Telephone
Name	Title	Telephone
Persons Authorized to Make Purchases:		
①		②
<b>Bank References</b>		
Bank Name: _____		
Address: _____		
Telephone: _____	Contact Person _____	
Bank Account # _____		
<b>C.O.D. Agreement</b>		
<p>Terms are payment upon receipt of shipment from Lyden Oil Company. C.O.D. (cash on delivery) payments may be in the following forms: Company Check, Certified funds/money order or credit card. NSF checks will result in terms changed to prepay. A NSF bank fee of \$50.00 will be charged for each check returned to Lyden Oil Company. If suit is brought to enforce payment of your account you agree to pay additional collection fees. Signature on this form acknowledges the terms stated. I hereby certify that all information contained is true and correct.</p>		
Signature	Title	Date
_____	_____	_____
Printed Name		

Salesman: \_\_\_\_\_ Territory: \_\_\_\_\_