



PAYMENT ON DELIVERY (POD) ACCT.

Business Information

Type of business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (describe):		
Business name:		Industry:
Business address:		Suite:
City:	State:	Zip:
Delivery address (if different):		Suite:
City:	State:	Zip:
Phone:		Fax:
Contact name:		Contact email:
Are purchase orders required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sales tax status (if non-taxable, attach a signed tax exemption or resale certificate): <input type="checkbox"/> Taxable <input type="checkbox"/> Non-taxable	
Sales rep (if any):		Date business opened:

Copyright License Indemnification Agreement

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Signature of person making application:	Title:	Date:
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