



P O BOX 232 GONZALES, TX 78629  
PHONE (830) 672-2018 FAX (830) 672-7373

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**CASH ON DELIVERY (COD) ACCOUNT ENROLLMENT FORM**  
(Please print or type)

**ALL COD ACCOUNTS MAY BE PAID BY MAJOR CREDIT CARDS. SCHMIDT & SONS, INC. ACCEPTS DEBIT CARDS AND ALL MAJOR CREDIT CARDS INCLUDING MOBIL AND EXXON. IF YOUR COMPANY PREFERS THIS METHOD OF PAYMENT, AN AUTHORIZED CREDIT CARD NUMBER MUST BE MAINTAINED ON FILE AT SCHMIDT & SONS OFFICE IN GONZALES, TEXAS. YOUR ACCOUNT WILL BE CHARGED PRIOR TO DELIVERY AND A CREDIT CARD RECEIPT WILL BE SUPPLIED AT POINT OF DELIVERY. IF YOU HAVE ANY QUESTIONS REGARDING CREDIT CARD PAYMENT, PLEASE CONTACT OUR MAIN OFFICE.**

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.**

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_  
(Delivery)

City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Year Established: \_\_\_\_\_ Store Hours: \_\_\_\_\_

Type of Entity:      Corp.   Partnership   Proprietorship

Sales Representative: \_\_\_\_\_

**CONTACT INFORMATION**

Officer Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Updated 7-29-08

**TEXAS STATE SALES AND USE TAX INFORMATION**

[        ] Taxable  
[        ] Non-Taxable

(If Non-Taxable, please attach a completed Texas Sales and Use Tax Exemption Certification or a Texas Resale Certificate, whichever applies?)

**BANKING INFORMATION**

Banking Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Bank Officer: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Account number: \_\_\_\_\_

Schmidt & Sons, Inc. is hereby authorized to verify bank history information.

In consideration of goods being sold Cash of Delivery to the above named company, I understand and agree that transfer of product will not occur if funds are not presented to driver at time of delivery. Schmidt & Sons, Inc. will provide the necessary payment amount information prior to delivery. I agree to pay a service charge of \$50.00 should any checks written be presented as non-sufficient funds and I personally guarantee all indebtedness which may occur as a result of non-sufficient funds checks. I also agree that Schmidt & Sons, Inc. may at its sole discretion require payment by cash, cashier's check or money order. There is a 15% restocking fee on any or all items returned.

I certify that all the information given is correct and that I have the authority to enter this agreement in the name of the company.

\_\_\_\_\_  
Printed Name / Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Updated 7-29-08

**OPTIONAL CREDIT CARD PAYMENT INFORMATION**

Credit Card Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Three Digit Number: \_\_\_\_\_  
(back of card)  
Name of Credit Card Holder: \_\_\_\_\_

\_\_\_\_\_  
Printed Name / Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PERSONAL GUARANTEE AGREEMENT**

In consideration of goods being sold, I personally guarantee all indebtedness hereunder. I further agree that this guarantee is an absolute, completed and continuing one, and no notice of the indebtedness already or hereafter contracted be given. The terms may be rearranged, extended and/or renewed without notice to me. I will be responsible for any and all legal fees, court costs and collection charges incurred in the collection of all balances due. I will within five (5) working days from the date of notice that the account is past due, pay the full amount due.

\_\_\_\_\_  
Guarantor Printed Name

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Guarantor Signature

\_\_\_\_\_  
Date