



COD Application

Application Information		
Name:		
Date of Birth:	SSN:	Phone:
Physical Address:		
City:	State:	ZIP Code:
Mailing Address:		
City:	State:	ZIP Code:
Business Information:		
Business Name:	How long in business?	
Phone:	Email:	Fax:
Physical Address:		
City:	State:	ZIP Code:
Mailing Address:		
City:	State:	ZIP Code:
Taxpayer ID #:		
Business License:	Issued by:	
Driver's License #:	State:	Expiration Date:
Contractor's License #:	State:	Type:
Resale # (Tax Card must be completed):		
Co-Applicant Information, for Partners		
Name:		
Date of Birth:	SSN:	Phone:
Physical Address:		
City:	State:	ZIP Code:
Mailing Address:		
City:	State:	ZIP Code:
Special Instructions		
I authorize C3 Surfaces Inc. to verify the information provided on this form.		
Signature of Applicant:		Date:
Signature of Co-Applicant:		Date:

Thank you for being interested! When completed, please fax to **972-761-1620**