

## HOOD DISTRIBUTION COD INFORMATION

COMPANY NAME: \_\_\_\_\_  
SHIPPING ADDRESS: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
OWNER OR OFFICER (PRINT): \_\_\_\_\_  
OWNER OR AGENT/DRIVERS LICENSE# \_\_\_\_\_ STATE \_\_\_\_\_  
OWNER OR AGENT SOCIAL SECURITY# \_\_\_\_\_

ARE YOUR PURCHASES TAX EXEMPT \_\_\_\_ YES \_\_\_\_ NO  
IF YES, YOU MUST ATTACH TAX EXEMPTION CERTIFICATE.

BANK NAME & ADDRESS \_\_\_\_\_  
BANK PHONE: \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

**BANK AUTHORIZATION:** I hereby authorize the above named bank or financial institution to disclose all information necessary to complete this application for check writing purposes only to Hood Distribution. And acknowledge that Hood Distribution's policy of using electronic payment (ACH debits) technology for movements of funds at every available opportunity. In accordance with this policy, checks received by Hood Distribution as payment for goods and/or services provided may be used for payment or used solely for the purpose of capturing the bank routing and account information for the depository financial institution name thereon. Hood Distribution reserves the right to subsequently initiate an ACH debit entry to the payer's checking account. If you desire not to participate with this policy, it is imperative that you inform us in writing at the time of receipt of this application.

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**PERSONAL CONTINUING GUARANTY:** The undersigned unconditionally guarantees payment of any amounts including interest, NSF check fees, collection fees, attorney's fees, or any other cost incurred pursuant to the above Purchase by Check application. The undersigned waive any disability or defense of applicant or the right to protest, demand, dishonors of any kind this guarantee. This is a continuing guarantee and shall not be revoked except by written notice to Hood Distribution. I understand that by signing this guarantee I am agreeing to personally make good any company or personal check that was issued as a result of this Purchase by Check agreement.

By my signature I hereby authorize and give permission to Hood Distribution to run a full investigation of my credit history, including, but not limited to, obtaining a consumer credit report.

**GUARANTOR'S NAME (PRINT)** \_\_\_\_\_ **SSN** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

BR# \_\_\_\_\_ SM# \_\_\_\_\_

HOOD DISTRIBUTION  
1978 HOOD BLVD. STE. 100  
HATTIESBURG, MS 39401  
PHONE: 601-264-2962  
FAX: 601-296-4792  
hoodar@hoodindustries.com

**PLEASE ATTACH YOUR RESALE CERTIFICATE.**

**PLEASE EMAIL OR FAX THIS FORM.**