



Please complete and return by email to:
DGIORDANO@DCNE.COM

WWW.DCNE.COM

DISTRIBUTOR CORPORATION OF NEW ENGLAND - COD APPLICATION

Check the DCNE store location nearest you:

- DCNE MALDEN 767 EASTERN AVE., MALDEN, MA
- DCNE PLYMOUTH 22 MARY B LANE, PLYMOUTH, MA
- DCNE WESTWOOD 384 UNIVERSITY AVE., WESTWOOD, MA
- DCNE CRANSTON 999 PONTIAC AVE., CRANSTON, RI
- DCNE SALEM 7 RAYMOND AVE., BUILDING D, UNIT 3, SALEM, NH
- DCNE WESTBROOK 4 THOMAS DRIVE, WESTBROOK, ME

Date _____

Select One: Individual/Sole Proprietor Corporation Partnership LLC Other _____
 Taxable Non-Taxable (If Non-Taxable, a copy of the sales tax-exempt certificate is required)

Company Name (Applicant) _____

Billing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Phone # (Land Line): (_____) _____ Cell phone # (_____) _____ Fax # (_____) _____

Accounts Payable Contact Name _____

Phone (_____) _____ Email Address _____

We hold the following licenses: *(This line must be completed, also a copy of your license must be provided)*

| Class | NO. | City/State |
|-------|-------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

EPA Refrigeration Certification NO. _____

In the event an invoice is past due, the Applicant agrees to pay interest on the unpaid amount at a rate equal to the maximum amount permitted by law. It is further agreed that if it becomes necessary for the account to be placed in the hands of an attorney or collection agency, Applicant agrees to pay any and all costs of collection including reasonable attorneys' fees and all court costs. Parties agree that the laws of the Commonwealth of Massachusetts will govern, without regard to its conflict of laws provisions. Any action by the Applicant brought in connection with this Agreement shall be brought only in the state or federal courts located in the Commonwealth of Massachusetts. Applicant does hereby consent to jurisdiction in the Commonwealth of Massachusetts for any suit that Distributor Corporation of New England may bring to collect any amounts owed by Applicant on account of any transactions hereunder.

Applicant _____ Signature _____ Printed Name _____
Title _____ Date _____
Applicant _____ Signature _____ Printed Name _____
Title _____ Date _____

FOR INTERNAL USE ONLY:

Date Received: _____ Date Reviewed: _____ Branch: _____
Price Level: _____ Account #: _____

Visit our website and order online 24/7 at www.dcne.com