



COD APPLICATION

BUSINESS NAME:

BUSINESS ADDRESS:

STREET: _____

CITY: _____ / STATE: _____ / ZIP: _____

BUSINESS OWNER(S) NAME:

OWNER(S) EMAIL ADDRESS:

BUSINESS PHONE:

BUSINESS CELL:

BUSINESS FAX:

PRIMARY TYPE OF BUSINESS: (CIRCLE ALL THAT APPLY)

RESIDENTIAL	POURED WALLS	HIGHWAY
LIGHT COMMERCIAL	HEAVY COMMERCIAL	UTILITIES
CURB & GUTTER		

AREA YOU WORK IN THE MOST: (CIRCLE ALL THAT APPLY)

MINNEAPOLIS	SOUTHEAST	NORTHEAST
NORTHWEST	SOUTHWEST	ST. PAUL

AVERAGE ANNUAL VOLUME:

AVERAGE ANNUAL REVENUE:

Please note: COD orders are accepted only with a credit card which Aggregate Industries will pre-authorize at the time the order is placed for an approximate purchase total amount

Please complete this form and return by e-mail or fax to 651-683-8108 or mail to Aggregate Industries 2915 Waters Road, Eagan, MN 55121 Suite 105. If you have any questions, call the Credit Department at 651-683-0600 or contact your sales representative