

## C.O.D. Authorization

Company/Purchas	sing Party's Name:	
_	d affirm that I am an authorized signer for Comp	
	to acce	pt the following terms by Wholesale Odyssey
C.O.D payment:		
(Company Name/P	Purchasing Party)	
Company's Check	Check	
Money Order		
	acknowledge I will personally guarantee any ord lse payment including any handling/freight Fees	
Name (print)		
Title		
Street Address		
City, State, Zip		
Signature		
Date		
Driver's License #		
Expiration		

A copy of the Signature Party's current, valid ID or Driver's License must be included.