MID SOUTH® Building Supply, Inc.

100% Employee-Owned Distributor of Building Products

BUSINESS COD AGREEMENT

Full payment is expected at time of pick-up or delivery. A non-refundable deposit is required on non-stocked materials.

FOR OFFICE USE ONLY:

Date: _____ Branch: _____ Account #: _____ Territory No. _____ Initials: _____

Company Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____ E-mail: _____

Type of business (please check one): Proprietor _____ Partnership _____ Limited Liability Co (LLC) _____

Corporation _____ State & Date of Corporation _____

Do you issue PO numbers? : Yes or No (please circle)

I/We hereby certify that the stated information is correct to the best of my knowledge. I/We personally guaranty payment for all materials purchased and installation services provided by Mid South Building Supply, Inc. I/We understand Mid South may obtain personal credit reports for order approval, and after account is open, to update records, renew account, and/or assist in collection efforts. If litigation is necessary to obtain payment for the materials or installation services provided, the above-named company and/or the undersigned guarantor(s) shall pay the rate of 2% per month, and 30% attorney fees. The proper jurisdiction and venue for legal action shall be Fairfax County, Virginia, or at Mid South's option, a locale in which the Customer does business, or in which a Guarantor resides.

Any signature delivered by electronic transmission, including facsimile, PDF, or through an electronic signature platform, shall be deemed to be an original signature and shall have the same legal effect as an original handwritten signature. The undersigned further waives any objection to enforceability based on the use of electronic signatures.

Officer / Owner #1:

Name: (please print) _____

Home address: _____ City: _____ State: _____ Zip: _____

Home/Office Phone: _____ Cell: _____

Social Security #: _____

Date: _____ Signature: _____

Officer / Owner #2:

Name: (please print) _____

Home address: _____ City: _____ State: _____ Zip: _____

Home/Office Phone: _____ Cell: _____

Social Security #: _____

Date: _____ Signature: _____

Springfield (Corporate)
7940 Woodruff Court • Springfield, VA 22151
(703) 321-8500

Ashburn, VA (703) 720-5163
Camp Hill, PA (717) 761-6611
Charlottesville, VA (434) 979-2335
Fredericksburg, VA (540) 891-4400
Midlothian, VA (804) 652-0090
Richmond, VA (804) 652-0090
Winchester, VA (540) 662-3100
Columbia, MD (443) 457-2783