

# Account Application

## OSM Delivery LLC

3390 County Rd 113  
Carbondale, CO 81623  
945-8552 945-5208(Fax)

\_\_\_\_\_  
**Name Of Business**

\_\_\_\_\_  
**Main Contact**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Fax**

\_\_\_\_\_  
**E-mail Address**

\_\_\_\_\_  
**Username**

\_\_\_\_\_  
**Password**

(For online ordering)

\_\_\_\_\_  
**Billing Address**

\_\_\_\_\_  
**Pick Up Address- If Different From Billing**

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**Billed Account**  Please consider me for a billed account.

Billed accounts must be approved. Also, billed accounts are subject to \$30.00 minimum usage per billing cycle. If you do not meet the minimum requirements your bill will be adjusted up to \$30.00.

### Business References

Company:

Contact:

Phone #:

Length Associated?

#1

#2

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**Monthly CC Bill**  Only the amount of your orders will be charged to the card on file.

\_\_\_\_\_  
**Name As It Appears On Card**

\_\_\_\_\_  
**Type Of Card**

/

\_\_\_\_\_  
**Card Number**

\_\_\_\_\_  
**Exp. Date**

\_\_\_\_\_  
**CCV2** (3 Digit # on back)

\_\_\_\_\_  
**Billing Address If Different From Above**

