



Cozzia USA, LLC
861 S. Oak Park Road
Covina, CA 91724

Tel: 877-977-0656 ext 200
Fax: 1-866-286-5033

CREDIT APPLICATION FORM

DATE: _____

BUSINESS INFORMATION:

*Legal Name: _____

*Phone #: _____

*Trade Name: _____

*Fax #: _____

*Address: _____

*A/P Contact: _____

*City, State, Zip: _____

*Owner: _____

Business Type: Sole Proprietorship
(check one) Partnership
Corporation

Date Started: _____

Annual Sales: _____

*E-mail Address: _____

State of Incorporation: _____

Federal Tax ID #: _____

Website: _____

Duns #: _____

Description of Business: _____

BANK REFERENCES:

Bank Name: _____

Account #: _____

Address: _____

Phone #: _____

City, State, Zip: _____

Shipping Information:

Shipping Address: _____

City, State, Zip: _____

Shipping Contacts: _____

Email Address: _____

Phone: _____

Preferred Carrier: UPS Fed EX Other

Other: _____

Carrier Account #: _____

Additional Shipping Notes:

I hereby state that the information provided is true and valid to the best of my knowledge.

*Date: _____

*Name: _____

(please print)

*Signature: _____

*Title: _____



861 S. Oak Park Road,
Covina, CA 91724
Tel: 877-977-0656
Fax: 800-521-4712

Wire Transfer Order

Model Number	Description	Cost Per Unit (FOB CA)	Order QTY	Order Total
BRI-2100	KN-95 CE Non-sterile mask	\$2.70		

* 30% deposit required, balance due upon receipt of goods

* If the actual ship date is more than 10 days from the quoted ship date, this order may be canceled and the deposit refunded at the buyers discretion. The refund will be provided immediately.

Bank:
East West Bank
18645 E. Gale Ave., Ste 100
City of Industry, CA 91748

Cozzia USA LLC
Routing #: 322070381
Swift Code: EWBKUS66XXX
Account #: 80-29013623

Customer Signature: _____

Date: _____



861 S. Oak Park Road,
Covina, CA 91724
Tel: 877-977-0656
Fax: 800-521-4712

Credit Card Order

Credit Card Authorization Form

Sign and complete this form to authorize Cozzia USA to make a debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated.

This is permission for a single transaction and does not provide authorization for any additional unrelated debits or credits to your account.

Model Number	Description	Cost Per Unit (FOB CA)	Order QTY	Order Total
BRI-2100	KN-95 CE Non-sterile mask	\$2.80		

* 30% deposit required, balance due upon receipt of goods

* If the actual ship date is more than 10 days from the quoted ship date, this order may be canceled and the deposit refunded at the buyers discretion. The refund will be provided immediately.

Please complete the information below

I authorize Cozzia USA to charge my credit card in the indicated amount above.

Account Type VISA MASTER CARD AMEX DISCOVER

Cardholder Name _____

Billing Address _____

City, State, Zip Code _____

Phone Number _____

Credit Card Number _____

Expiration Date _____ CVV _____

By signing, I authorize Cozzia USA to charge the credit card indicated in this authorization form according to the terms outlined above.

I certify that I am an authorized user of the credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Customer Signature: _____

Date: _____