



# COD Authorization Form

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Company/Purchasing Party's Name: \_\_\_\_\_

I acknowledge and affirm that I am authorized signer for \_\_\_\_\_. I authorize Top Wolf Nutrition to accept the following terms by C.O.D payment.

Company's Check

Money Order

I understand and acknowledge that I will personally guarantee any orders refused and returned by UPS, FedEx, USPS for lack of funds or false payment including any handling/freight Fees connected with any orders refused by Our Company.

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.

Return to Address: 17453 Soledad Canyon Rd. Suite #310 Canyon Country, CA 91386

Phone: (818) 968-6010

Email: [hope@topwolfnutrition.com](mailto:hope@topwolfnutrition.com)