



**National Wood Products, Inc.  
COD Application**

Customer name:		
Address		
City	State	Zip
Street Address		
City	State	Zip
Telephone #	Fax #	
Website		

**Type of entity**                      Corporation     Partnership     Individual

**Officer/Partner/Owner Information:**

Name				
	First	Middle	Last	Title
Address				
City		State	Zip	
Telephone #		Social Security #		

Name				
	First	Middle	Last	Title
Address				
City		State	Zip	
Telephone #		Social Security #		

An application for COD cannot be approved unless this document is signed by an officer, partner or sole proprietor, whichever is applicable. Applicant authorizes National Wood Products, Inc. to contact its Banking Institution to obtain account information to complete the processing of this application. All purchases are subject to the terms printed on the sales order.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please remit all payments to:**  
NATIONAL WOOD PRODUCTS, INC.  
14450 CENTRAL AVENUE  
CHINO, CA 91710-9507  
PH: 909.287.7906 - FAX: 909.287.7998