



National Wood Products, Inc.
2705 South 600 West
Salt Lake City, UT 84065
Ph: (801) 977-1171
Fax: (801) 428-5002
COD APPLICATION

Legal Name: _____ E-Mail: _____

dba Name: _____ Web Site: _____

A/R Contact: _____ E-Mail: _____

Type of Entity: Corp. _____ Partnership. _____ Individual. _____ L.L.C. _____ (If Corp. or L.L.C. Provide Articles of Organization)

Mailing Address: _____ Type of Business: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone: _____ Fax: _____ Fed. ID: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Officer/Partner/Owner Information:

1. Full Name: _____

Address: _____

Phone: _____ SS# _____ Drivers License# _____

2. Full Name: _____

Address: _____

Phone: _____ SS# _____ Drivers License# _____

Bank _____ Branch _____

Phone _____ Account Name _____

Checking # _____ Savings # _____

Are purchase orders required on all purchases? Yes _____ No _____

An application for COD cannot be approved unless this document is signed by an officer, partner, or the 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 purchase order.

Signed _____ Date _____