

## NATIONAL WOOD PRODUCTS COD APPLICATION

Customer Name:				
Address				
City	State	7	Zip	
Street Address	a			
City	State		Zip	
Telephone #		Fax #		
Type of Entity	Corporation	Partnership	Individual	
□ Will Call	Our Truck - Freight Rate:			
Salesperson:		Salesperson #:		
Officer/Partner/O	wner Information:			
Name				
First	Middle	Las	st	
Address				
City	State	7	<b>Z</b> ip	
Phone Number	Social Security Number			
Name First	Middle	Las	st	
Address				
City	State	7	Zip	
Phone Number	Social Security Number			
	subject to the terms printed on the			
7 m purchases are s	doject to the terms printed on the	c sales order.		
G. 1			D. /	
Signed: Date:				
If you do not pay	sales tax, the following must be	e filled out.		
	SALES TAX EXEN	MPTION CERTIFIC	CATE	
The undersigned he	ereby certifies that he is a			
The undersigned in		ecify nature of business		
And that all of the for			od Products, Inc. and is purchased	
property purchased		ed, he or it becomes lial	or or its uses, or consumes the ble for the tax imposed by law in its next regular Sales or Use Tax	
State Tax #:		City Tax #:		
Signature:		Title:		
4 3 3				
Address:		Statas	7in Code:	
City Name:		State:	Zip Code:	

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