



## COD Application

Company name: \_\_\_\_\_ Contact name: \_\_\_\_\_

Email address: \_\_\_\_\_

Delivery Address: \_\_\_\_\_ Delivery hours: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone: \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone: \_\_\_\_\_

Website \_\_\_\_\_

**Type of entity**                      Corporation     Partnership     Individual

### Officer/Partner/Owner Information:

Name \_\_\_\_\_

First

Last

Title

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone: \_\_\_\_\_

Name \_\_\_\_\_

First

Last

Title

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone: \_\_\_\_\_

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: \_\_\_\_\_

### INTERNAL USE ONLY:

Rep: \_\_\_\_\_ Delivery charge: \_\_\_\_\_ Piggyback? \_\_\_\_\_

Special instructions: \_\_\_\_\_