



**NATIONAL WOOD PRODUCTS
COD APPLICATION**

Customer Name:

Address

City State Zip

Street Address

City State Zip

Telephone # Email

Type of Entity Corporation Partnership Individual

Will Call Our Truck - Freight Rate: _____ Fed ID (EIN) #: _____

Salesperson: _____ Salesperson #: _____

Officer/Partner/Owner Information:

Name

First Middle Last

Address

City State Zip

Phone # Social Security #

Name

First Middle Last

Address

City State Zip

Phone # Social Security #

All purchases are subject to the terms printed on the sales order.

Signed:

Date:

If you do not pay sales tax, the following must be filled out.

SALES TAX EXEMPTION CERTIFICATE

The undersigned hereby certifies that he is a _____
Specify nature of business

And that all of the tangible personal property purchased from National Wood Products, Inc. and is purchased for _____ and so is tax exempt. The undersigned understands that in the event his/her or its uses, or consumes the property purchased otherwise than as above specified, he or it becomes liable for the tax imposed by law in such cases and will report said tax direct to the Taxing Authority on his or its next regular Sales or Use Tax return.

State Tax #: _____ **City Tax #:** _____

Signature: _____ **Title:** _____

Address: _____

City Name: _____ **State:** _____ **Zip Code:** _____

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