

Customer Questionnaire

Company Name:

Company Contact:

Contact Email:

Referring Distributor:

Shipping address

City

State: Zip:

Phone:

Email:

Send to:

National Wood

cadennis@nationalwood.com

OR

Fax: (714) 998-8525

www.nwpsocal.com

-----**For Internal Use Only**-----

Credit Limit:

Order Limit:

Measurement :

Notes: