



COD APPLICATION

Company name: _____ Contact name: _____

Email address: _____ Contact Cell #: _____

Delivery address: _____ Delivery hours: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Website: _____

Billing address: _____ Delivery hours: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Type of business: Corporation ___ Partnership ___ Individual ___

Officer/Partner/Owner information:

Name: _____ Title: _____

Email address: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Name: _____ Title: _____

Email address: _____

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 process of this application. All purchases are subject to the terms printed on the sales order.

Signed: _____ Date: _____

Printed name: _____

INTERNAL USE ONLY

Rep: _____ Delivery charge: _____ Piggyback? _____

Special instructions: _____

