



## 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: \_\_\_\_\_

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### INTERNAL USE ONLY

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

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