



Office Use Only	Salesman _____
	Payment Mode
	Certified/Cash _____
	Check _____
	Customer No. _____
	Reviewed by _____
	Date _____

COD CUSTOMER APPLICATION

Company Name _____ Telephone No. _____

Street Address _____

City _____ State _____ Zip _____ County _____

Email: _____

Ship-To Address (if different from above) _____

Address _____ City _____ State _____ Zip _____

Owner _____ Social Sec # _____ Home Phone _____

Home Address _____ City _____ State _____ Zip _____

Taxable: Yes _____

No _____ :Tax ID # _____ (please include copy of ST3 Certificate Of Exemption)

****INDIVIDUAL PERSONAL GUARANTY REQUIRED****

I, _____, located at _____ for and in consideration of your
 (Your Name) (Address)

taking checks at my request to _____ (hereinafter referred to as the "Company"),
 (Company Name)

hereby personally guarantee to you the payment at Industrial Lumber & Plywood, Inc. in the State of Minnesota of any obligation of the Company and I hereby agree to bind myself to pay on demand any sum which may become due to you that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the agreement hereby guaranteed.

➤ **SIGNATURE** _____ **DATE** _____

PRINTED NAME _____ **TITLE** _____

Please Read Before Signing

I agree to full financial responsibility for the checks to be written to pay for purchases made on C.O.D. basis. A service charge of 1 ½% (18% APR) per month will be charged on all invoices over 30 days old. A \$20 service charge will be added to all returned checks. I also agree to pay collection costs and expenses including attorney's fees incurred by Industrial Lumber & Plywood, Inc. in collecting or attempting to collect such amount.

➤ **Authorized Signature** _____ **DATE** _____

PRINTED NAME _____ **TITLE** _____

**Please complete back of application -----*



Type of Business _____ Individual Partnership Corporation

Date Business Started _____ Business is: Full Time _____ Part Time _____ Est. annual purchases: _____

MN Secretary of State Business # _____
*required

_____ (insert your company name) authorizes Industrial Lumber & Plywood, Inc. to **FAX** and/or **EMAIL** any and all information pertaining and relating to business conducted between our companies present and future. This includes but is not limited to quotations, proposals, lumber sale mailings, information, invoices, statements, acknowledgements, certificates of insurance, and any and all reasonable communication for conducting business.

I and/or my company would like to receive **monthly newsletters** at the following email address:

Do not wish to receive newsletter emails.

How did you hear about Industrial Lumber & Plywood, Inc.?

Please complete this form and return it by fax or email to citydesk@industriallumber.net

4100 Washington Ave N. Minneapolis, MN 55412 · TEL: 612-521-4767 · FAX: 612-521-4785 · TOLL FREE: 800-292-4118