



**CONFIDENTIAL COD ACCOUNT APPLICATION  
MUST BE COMPLETED AND SIGNED IN ITS ENTIRETY**

Account Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bill To Address: \_\_\_\_\_

Ship To Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ Inside City Limits? ( ) Yes ( ) No

Email Address: \_\_\_\_\_

Legal Structure: ( ) Corporation ( ) Partnership ( ) Proprietorship

If incorporation, please provide the following information. State of Incorporation: \_\_\_\_\_

List three major stockholders and officers of the corporation. If partnership, please list all the owners.

Name/Title Social Security number

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Federal I.D. Number: \_\_\_\_\_ In Business Since: \_\_\_\_\_ Tax-Exempt? ( ) Yes ( ) No

If yes, please attach a copy of a valid tax-exempt certificate or you will be charged sales tax.

Person(s) who authorize purchases: \_\_\_\_\_ PO # Required? ( ) Yes ( ) No

**Type of Business:**

( ) Manufacturing ( ) Construction ( ) Cabinets ( ) Commercial ( ) Wholesale  
( ) Resale ( ) Residential ( ) Retail ( ) Furniture ( ) Other

**Bank Reference:**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact: \_\_\_\_\_

**I hereby authorize the release of credit information to Liberty Hardwoods, Inc.**

Sign: \_\_\_\_\_ Date: \_\_\_\_\_



**COD ACCOUNT TERMS AND PERSONAL GUARANTEE**

The undersigned (jointly and individually) agree to be personally liable for any indebtedness to Liberty Hardwoods, Inc. by the business entity applying for said COD account, including any attorneys' fees, collection agency fees, or service charges incurred in connection with the collection of any unpaid balances. The undersigned (jointly and individually) personally guarantee that all obligations to Liberty Hardwoods, Inc. under the terms of this account will be met.

The terms, provisions and obligations of this Agreement shall be governed and construed in accordance with the laws of the State of Missouri. In the event that legal action becomes necessary to enforce or interpret the provisions of this Agreement, or to enforce either party's rights or expectations created by virtue of this Agreement and transactions governed thereby, the undersigned expressly agrees to submit to the sole and exclusive jurisdiction and venue of the District Court of Polk County, Iowa.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **Driver's License Number:** \_\_\_\_\_  
(Or Social Security Number) (Or Social Security Number)

**Date of Birth:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please send completed form to us via:**

**Fax: (515) 299-9302**

**Email: [mvoshell@libertyhardwoodsinc.com](mailto:mvoshell@libertyhardwoodsinc.com)**

**Mail: 1620 NE 69<sup>th</sup> Place, Ankeny, IA 50021**