

KANSAS CITY

## 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: Coun	ty:	Inside C	city Limits? ( ) Yes ( ) No
Email Address:			
Legal Structure: ( ) Corporation ( If incorporated, provide the following inf			
List three major stockholders and office	rs of the Corporation:		
Name/Title		S	ocial Security Number
Federal ID Number:  If you are tax exempt, you must attach a copy of a val			x Exempt?( )Yes( )No
Person who can authorize purchases: _		Po #	# Required? ( )Yes ( )No
Type of Business: Check all that apply ( ) Manufacturing ( ) Construction ( ) Resale ( ) Residential	( )Cabinets ( )Retail	( )Commercial ( )Furniture	()Wholesale ()Other
Bank Reference: Bank Name:			
Address:			
Phone NO: Acc	count NO:	Contact:	
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## **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 Circuit Court of Clay County, Missouri.

Signed:	Signed:		
Print Name:	Print Name:		
Company:	Company:		
Driver's License Number:(Or Social Security Number)	Driver's License Number:(Or Social Security Number)		
Date of Birth:	Date of Birth:		
Date:	Date:		

Please send completed form to us via: Fax - (816) 231-0738

Email - cmcglothlin@libertyhardwoodsinc.com

Mail - 3900 N. Kentucky Ave, Kansas City, MO 64161