LIBERTY HARDWOODS, INC. DES MOINES

CONFIDENTIAL COD ACCOUNT APPLICATION

Must be completed and signed in its entirety

Account Name: _____

Phone #: _____ **Fax:** _____ **Cell #:**_____

E-mail Address:_____

Bill To Address: _____

Ship To Address : _____

P.O. Box: _____ **City:** _____

State: _____ **Zip:** _____

County: _____ **Inside City Limits? ( ) Yes ( ) No**

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

If incorporated, provide the following information. State of Incorporation: _____

List three major stockholders and officers of the Corporation.

Name/Title **Social Security Number**

_____

_____

_____

Federal ID Number: _____ **In Business Since:** _____

Tax Exempt? ( ) Yes ( ) No

If you are tax exempt, you must attach a copy of a valid tax exempt certificate or you will be charged sales tax.

Person who can authorize purchases: _____**Po # Required ? ( )Yes ( )No**

Type of Business: Check all that apply ( ) Manufacturing ( ) Resale ( ) Construction ( ) Other

( ) Cabinets ( ) Wholesale ( ) Residential ( )Furniture ( ) Retail ( ) Commercial

Bank Reference:

Bank Name: _____

Address: _____

Phone NO: _____ **Account NO:** _____

Contact: _____

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 Iowa. 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: _____ **Signed:**_____

Company: _____ **Company:**_____

Social Security Number: _____ **Social Security Number:** _____

(Or Driver's License Number) **(Or Driver's License Number)**

Date of Birth: _____ **Date of Birth:** _____

Date: _____ **Date:**_____

<u>Please Fax Back To : (515) 299-9302</u>

1620 NE 69th Place ★ Ankeny, IA 50021

877-999-9277 ★ 515-299-9277 ★ FAX 515-299-9302