



Rockford Industrial Welding Supply, Inc.

COD Business Application

Date: _____

Company Name _____

Other Trade Name _____ Home Office Location _____

Billing Address _____ Shipping Address _____

Phone: () _____ Phone:() _____

Fax: () _____ Fax: () _____

Date Established: _____ Type of Business: _____

- Corporation
- Partnership
- Individual

- Do you require any of the following on your order?
- Purchase Order
 - Job #
 - Name

**Rockford Industrial Welding Supply emails all invoices & MSDS's. Prefer Fax?:

Which address(s)? _____ (invoices) _____ (MSDS)

Company Officers: _____

Name	Title	email address
_____	_____	_____
_____	_____	_____

Name	Title	email address
_____	_____	_____

Tax Exempt? Yes No (if yes, attach certificate)

Person(s) authorized to use account _____

I agree to the terms and conditions posted on the Rockford Industrial Welding Supply, Inc. website at www.riws.com which may be modified by RIWS without further notice _____ (initial here).

Signature: _____ Date: _____

Title