Rockford Industrial Welding Supply, Inc.

COD Consumer Application

Date: _____

_____
Last Name First Name Middle Initial

_____
Address Apt No. City State Zip

_____
Phone Cell Phone: Email Address:

Person(s) authorized to use your 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 notification _____(initial here).

Signature: _____ Date: _____