

Architectural Woods, L.P.

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FOR OFFICE USE

COD
CASH

APPLICATION FOR CASH ACCOUNT

Business Name (Buyer) _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number _____

Fax Number _____

Email _____

Shipping Address _____

City _____ State _____ Zip _____

Type of Business (Check All That Apply)

- | | |
|--|--|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Door Hanger |
| <input type="checkbox"/> Cabinet Maker | <input type="checkbox"/> Retail Lumber Yard |
| <input type="checkbox"/> Millwork Mfg | <input type="checkbox"/> Sign Mfg |
| <input type="checkbox"/> Fixture / Display Mfg | <input type="checkbox"/> Marine |
| <input type="checkbox"/> Office Furniture Mfg | <input type="checkbox"/> Residential Furniture Mfg |
| <input type="checkbox"/> Other _____ | |

Indicate if you will pay Sales Tax () Yes () No

Resale cert.# _____

Expiration Date _____

OWNER'S , OFFICER'S, DIRECTOR'S OR PARTNER'S NAME

Last Name First Name Middle Initial

1. _____