



CREDIT CARD OR COD ACCOUNT APPLICATION

COMPANY INFORMATION			
LEGAL COMPANY NAME:			
DBA:			
OWNER/OFFICER NAME:		OWNER/OFFICER PHONE:	
BUSINESS CLASS:	INCORPORATED	PARTNERSHIP	SOLE PROPRIETORSHIP
DATE OF INCORPORATION:	STATE OF INCORPORATION:	FEIN#	
TYPE OF ACCOUNT REQUESTED:		COD	CREDIT CARD ON FILE
WHAT MARKETS DO YOU SERVE?			
BILLING ADDRESS:			
CITY, STATE, ZIP:			
SHIPPING ADDRESS:			
CITY, STATE, ZIP:			
PHONE NUMBER: FAX NUMBER:			
ACCOUNTING CONTACT NAME:		PHONE NUMBER:	
EMAIL:			
PO AND SALES TAX INFORMATION			
PO'S REQUIRED ON ALL ORDERS?		YES	NO
SALES TAX EXEMPT?	YES	NO	RESALE NO: EXP:
<i>ALL TAX EXEMPT CERTIFICATES MUST BE INCLUDED WITH THIS APPLICATION FOR EXEMPT STATUS TO BE ACCEPTED.</i>			
CREDIT CARD AUTHORIZATION FORM CARD			
TYPE: <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER			
CARDHOLDER NAME AS SHOWN ON CARD:			
CARD NUMBER:			
EXPIRATION:			
CCV:			
BILLING ZIPCODE:			
I, _____, HEREBY AUTHORIZE JOHN BOOTON, INC DBA WOODS STEEL DIVISION/WOODS METAL WORKS TO CHARGE MY CREDIT CARD ABOVE FOR AGREED UPON PURCHASES. I UNDERSTAND THAT MY INFORMATION WILL BE SAVED ON FILE FOR FUTURE TRANSACTIONS ON MY ACCOUNT. I ACKNOWLEDGE THAT THIS AUTHORIZATION MAY BE CANCELLED ANYTIME BY CONTACTING THE OFFICE AND THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL CANCELLED.			
CUSTOMER SIGNATURE:		DATE:	
<i>PLEASE INCLUDE A COPY OF THE FRONT AND BACK OF THE CREDIT CARD</i>			
PLEASE RETURN THIS TO bkkp@wswmfl.com OR FAX TO 239-479-6218			