



**Higuera Hardwoods**  
**COD Account Registration Form or Bill To COD**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Office \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_ Years in  
Business: \_\_\_\_\_

Names of Principal(s) \_\_\_\_\_

**Ship to Address:**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Credit Card Information: (required for new accounts as of 09/12/2010)**

Master Card / Visa/American Express (Circle one)

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Billing Zip Code \_\_\_\_\_ Card Security number \_\_\_\_\_

Name on the Card \_\_\_\_\_

Credit card information is kept on file and is strictly confidential. Charges will be made to the credit card when cash or a check is not received for a COD p/u or delivery. The signer of this application is acting as an agent on behalf of the applying company, as above, and agrees to these terms and conditions.

Person (s) Authorized to make purchases on this account: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you claiming exempt from sales tax? No \_\_\_\_\_ Yes \_\_\_\_\_ (Fill out tax exempt form) Washington State

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email back to [contact@higuerahardwoods.com](mailto:contact@higuerahardwoods.com) or fax to 360-779-4057



26273 Twelve Trees Lane Suite E, Poulsbo, WA 98370  
Toll free (888) 300-2059 Phone (360) 779-4050 Fax (360) 779-4057

