



United Desk

MANUFACTURING, INC.

Setting the Standard for Quality & Innovation

COD Customer Application

Company Information

Company Name: _____

Mailing Address : _____ City _____ State _____ Zip _____

Shipping Address: _____ City _____ State _____ Zip _____

Telephone No. (_____) _____ Fax No. (_____) _____

Federal Tax ID: _____ Resale No.: _____

Email Address: _____ Website: _____

Type of Business: _____

Type of Ownership: Corporation Partnership Sole Owner

Trade Name _____ Date Established _____

Authorized Contact Person (s) _____

Officers/ Partners

Full Name : _____ Telephone No. (_____) _____

Residence Address : _____ City _____ State _____ Zip _____

Driver's License # _____ Social Security # _____ Title _____

Full Name : _____ Telephone No. (_____) _____

Residence Address : _____ City _____ State _____ Zip _____

Driver's License # _____ Social Security # _____ Title _____

This application Must be signed by one of the Owners or Authorized Officer of your Company

Printed Name : _____ Title _____

Signature : _____ Date _____

Printed Name : _____ Title _____

Signature : _____ Date _____