

**Waco:** Phone (254) 772-9663 Fax (254) 772-9664  
**San Antonio:** Phone (210) 967-9663 Fax (210) 967-9667  
**El Paso:** Phone (915) 590-9663 Fax (915) 590-9664

**Dallas:** Phone (972) 677-7437 Fax (888) 556-4021  
**Austin:** Phone (512) 389-9773 Fax (512) 386-8271  
**Houston:** Phone (713) 939-9663 Fax (713) 481-8499

**Please return Applications via fax to Waco, or email to Meagan@DakotaHardwoods.com**



An A.P. Brashear Group, L.C. Company

*"Distributing Success One Relationship at a Time"*

**Members of NACM**

## **COD APPLICATION**

Name of Company/Corporation: \_\_\_\_\_

Type of Company:    Sole Proprietor ( )    LLC ( )    Corporation ( )

DBA and/or Trade Name: \_\_\_\_\_ D&B# \_\_\_\_\_

Street Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Are your purchases tax exempt?    ( ) Yes    ( ) No

Are Purchase Order Numbers/job names required on orders? ( ) Yes    ( ) No

Principals and/or Owners: **REQUIRED – ALL ITEMS IN THIS SECTION MUST BE COMPLETE. A VALID COPY OF A DRIVERS LICENSE MUST BE PRESENTED WITH APPLICATION.**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License: \_\_\_\_\_ Address: \_\_\_\_\_

Title: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License: \_\_\_\_\_ Address: \_\_\_\_\_

Title: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Type of Company:    ( ) Cabinet Manufacturing    ( ) Flooring Manufacturing  
                          ( ) Moulding Manufacturing    ( ) Window Manufacturing  
                          ( ) Millwork Manufacturing    ( ) Distributor  
                          ( ) Furniture Manufacturing    ( ) Other: \_\_\_\_\_

Person to contact regarding financial (payables) questions:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_