



COD Check Application

Mail or Fax to:
P.O. Box 728
La Mirada, CA 90637
lynn@royalplywood.com

Accounting Fax: 562.207.1383

Business/Customer Name: _____

Contractors License Number: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax: _____

Proprietor or Partner(s) Name(s): _____

Home Address: _____

Driver License #: _____

Type of Business: _____

Bank Name: _____

Account Number: _____

Buyer and/or undersigned agree to pay all costs incurred in collecting any amounts due, including reasonable attorney's fees. According to California Civil Code, Chapter 522, Section 1719, any person who writes a bad check or any order for payment of money which is dishonored for lack of funds is now civilly liable and can be sued for three times the amount of the check or \$500.00, whichever is greater, plus the amount of the check and court costs. A service charge of \$25.00 per check will be added to each NSF check received. A recovery period of ten (10) days for NSF checks is required, cash or cashier's check is required for NSF checks. We hereby authorize Royal Plywood Co LLC, to contact and investigate the bank listed above and we authorize the reference to release the requested information.

Authorized Signature: _____ Date: _____

Southern CA

14171 Park Place
Cerritos, CA 90703
562.404.2989

Northern CA

6003 88th Street
Sacramento, CA 95828
916.426.3292