



# TARPIN LUMBER INCORPORATED

2267 Bowman Street  
Innisfil, ON L9S 3V5  
www.tarpin.com  
order@tarpin.com

(416) 283-2222  
(705) 436-5373



## COD INFORMATION FORM

(Note: COD Payment Method is Credit Card ONLY)

Tarpin Sales Representative: \_\_\_\_\_ **COD #** C

**Customer Name** (to be invoiced to): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Shipping Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Site #: \_\_\_\_\_

Email Address for **Invoices** (required): \_\_\_\_\_

*By signing below, you are authorizing use of the credit card listed below for payment of COD orders.*  
**Truss Orders:** A 70% deposit of total (including HST) will be processed when trusses released; balance to be invoiced prior to shipment.  
**Lumber Orders:** Payments are processed prior to shipment.

### Cardholder Information – PLEASE CALL OUR OFFICE TO PROVIDE CREDIT CARD NUMBER

Check One:    Amex       Visa       MasterCard

Statement Address: \_\_\_\_\_ Exp. Date (mm/yy): \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**CARDHOLDER MUST PROVIDE COPY OF DRIVER'S LICENSE AT TIME OF COD FORM SUBMISSION FOR ACCOUNT SETUP**

***COD FORM AND COPY OF DRIVER'S LICENSE CAN BE SENT TO: [accounts@tarpin.com](mailto:accounts@tarpin.com)***

Cardholder Name (Name as it appears on card): \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Date: \_\_\_\_\_

<i>Office use only</i>	Sales Rep: _____ Other: _____ Office signature: _____
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