



**C.O.D Application**

275 State Road • P.O. Box 820 • Westport, MA 02790  
Main Office: (508) 675-7833 / Toll Free (800) 334-4789  
Main Office Fax: (508) 675-2900 • Sales Office Fax: (508) 675-0003

**Please complete, sign  
and return via fax to:  
508-675-2900**

Please visit our website:  
www.midcitysteel.com

Customer Name \_\_\_\_\_ Credit Line Requested \$ \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

**SALES TAX** Sales Tax Exemption: **NO** or **YES**  
If Yes; Exempt for: **ALL** or **PART**  
If Part; Please Describe: \_\_\_\_\_

Exemption # \_\_\_\_\_

\* Failure to supply your tax exemption number makes you liable for the sales tax.

By signing below, you state that you understand and agree to our terms of payment and authorize the release of third party information to Mid-City Steel.

\_\_\_\_\_  
**Print Name** **Signature** **Title** **Date**

**FOR OFFICE USE ONLY:**  
Approved \_\_\_\_\_ Declined \_\_\_\_\_ Credit Line \$ \_\_\_\_\_ Review Date \_\_\_\_\_  
Customer Number \_\_\_\_\_ Sales Person \_\_\_\_\_