



220 10TH STREET SW
HICKORY, NC 28602
(PHONE) 828-397-4123
(FAX) 828-397-4163
www.coxmfg.com
info@coxmfg.com

ACCOUNT INFORMATION SHEET:

ACCOUNT NAME: _____

BILLING ADDRESS: _____

CONTACT NAMES: _____

OWNER/PRESIDENT: _____

ORDER PROCESSING: _____

ACCOUNTS PAYABLE: _____

OTHER/TITLE: _____

SHIP TO ADDRESS: _____

(IF DIFFERENT THAN SOLD TO) _____

ACCOUNT TYPE: _____

DEALER DISCOUNT: _____

PHONE: _____

FAX: _____

NOTE: Please print email addresses carefully

E-MAIL ADDRESS FOR ACKNOWLEDGEMENTS: _____

E-MAIL ADDRESS FOR INVOICES: _____

INTERNET ADDRESS: _____

CARRIER SHIPPING PREFERENCE: _____

COX CONTACTS: _____

CUSTOMER SUPPORT: _____

ACCOUNTS RECEIVABLE: Merchants Factors Corp.

PHONE: _____

SALES REPRESENTATIVE: _____

PHONE: _____

COX MFG: HOURS OF OPERATION: 8 AM - 4:45 PM (EST) MONDAY-THURSDAY 9-12 FRIDAY
FAX OPERATIONS: 24/7

SPECIAL NOTATIONS: _____

****** PLEASE ATTACH A COPY OF YOUR SALES TAX EXEMPTION CERTIFICATE******

COX MANUFACTURING CO., INC.

NAME

COX MANUFACTURING CO., INC.

TRADING AS

**220 10TH STREET SW
HICKORY, NC 28602**

ADDRESS

828-397-4123

TELEPHONE

**CONTINUOUS BLANKET
RESALE EXEMPTION
CERTIFICATE**

I hereby certify that under penalties of perjury that we hold a valid permit (# _____) to make sales, which permit was issued pursuant to the laws of the state of _____; that we are engaged in the retail furniture business; that the furniture described herein which we shall purchase from you from the date hereof will be resold by us; provided, however, that in the event any of such furniture is used for any purpose other than retention, demonstration or display while holding it for sale in the regular course of business, it is understood that we are required to report and pay tax, measured by the purchase price of such property. This certificate shall be part of each order, which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the City of State.

Name of Purchaser: _____

Trading As: _____

Address: _____

Telephone #: _____

I certify that I am authorized to sign this Continuous Blanket Resale Exemption Certificate and I declare under the penalties of false statement that this certificate has been examined by me and to the best of my knowledge and belief is a true, correct and complete Certificate.

Dated: _____, 20_____

At: _____

Signature

Title