



CAPE COD LUMBER COMPANY, INC.

A Name You Can Build On

403 Bedford Street, P.O. Box 2013, Abington, MA 02351

Phone: 781-878-0715 Fax: 781-878-0050

Toll Free: 800-698-8225

APPLICATION FOR CASH ACCOUNT

Business Name: _____	Business Start Date: _____			
Address: _____				
Telephone #: _____	Fax #: _____	Cellular #: _____		
Business Type: _____	Email _____			
Proprietorship _____	Partnership _____	Corporation _____	Joint Venture _____	Other _____
Name of Owner or Principal Officer: _____				
Address: _____				
Social Security #: _____	Date of Birth: _____			
Telephone #: _____	Fax #: _____	Cellular #: _____		

AUTHORIZED PURCHASERS ON ACCOUNT

PLEASE PROVIDE US, IN THE SPACE BELOW, WITH THE NAMES OF PEOPLE AUTHORIZED TO CHARGE PURCHASES TO YOUR ACCOUNT. WITH THIS INFORMATION, WE CAN SAFEGUARD YOUR ACCOUNT FROM UNAUTHORIZED CHARGES. IF THERE IS A CHANGE IN AUTHORIZATIONS, PLEASE INFORM US IN WRITING IMMEDIATELY OR WE ARE NOT RESPONSIBLE FOR CHARGES INCURRED BY SAID PERSON(S). INDIVIDUALS NOT LISTED AS AUTHORIZED WILL NOT BE ALLOWED TO CHARGE TO YOUR ACCOUNT.

_____	_____
_____	_____
_____	_____

****COPY OF BUILDERS LICENSE & DRIVERS LICENSE REQUIRED****

TERMS AND CONDITIONS

In consideration of Cape Cod Lumber Co., Inc. (CCL) selling to me or to my agent(s), I (we) agree to the following:

1. To make payment in full on the designated due date following the date of purchase as indicated on the monthly statement.
2. In the event of default on foregoing paragraph (1), I (we) agree to pay a finance charges of 1-1/2% per month.
3. In the event of non-payment, I (we) agree to pay all costs and expenses of collection including attorney fees.
4. I (we) authorize the references stated above to disclose any credit information requested to secure a line of credit.

Business Name: _____	Date: _____
Signature: _____	Title: _____