



Lumber & Home Centers

6760 Route 9
Rhinebeck, NY 12572
845-876-7011 fax 845-876-4333

Cash Account Application

FOR OFFICE USE ONLY	DATE	ACCOUNT #	SALESMAN NUMBER	PRICE LEVEL	STORE	
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APPLICANT: *Please read the following before completing this form. Applicant represents that the information given in this application is complete and accurate*

BUSINESS NAME : (if commercial)

NAME:

MAILING ADDRESS:

PHYSICAL ADDRESS:

TELEPHONE:

CITY, STATE, ZIP:

FAX PHONE:

EMAIL ADDRESS

CELL PHONE :

(By providing an email address, you are assured that invoices and credits will be sent to you automatically at the time of transaction)

APPLICANT ACKNOWLEDGEMENT

I have read this agreement and understand that all purchases are to be paid by cash, check or credit card prior to delivery. There will be NO COD deliveries.

Special orders will require a 50% deposit on order and the remainder prior to delivery with NO refunds or returns on them.

APPLICANT SIGNATURE: _____ DATE: _____

APPLICANT SIGNATURE: _____ DATE: _____

For Credit Card authorization see reverse of this application

CUSTOMER CREDIT CARD DISCLAIMER

TO: WILLIAMS LUMBER AND HOME CENTERS

I wish to have WILLIAMS LUMBER AND HOME CENTERS maintain the following credit card information on file for the purpose of having purchases made by myself or my authorized representative charged directly to my credit card. I understand that :

1. I must complete this form and present the card to WILLIAMS LUMBER AND HOME CENTERS to be imprinted for record prior to any sales being made unsigned, All sales made on cards on file will be treated as having telephone authorization from the cardholder
2. I am responsible for the payment of all purchases charged to my credit card by WILLIAMS LUMBER & HOME CENTERS in accordance with this agreement.
3. WILLIAMS LUMBER AND HOME CENTERS will maintain no unique record of purchases beyond what is required of a normal credit card sale. I will not receive copies of purchase invoices other than those presented at the time of sale or delivery to myself or authorized representative.
4. By authorizing a representative to make purchases on this credit card, I am allowing this person full use of my account. WILLIAMS LUMBER & HOME CENTER employees are not expected to control, limit or separate purchases in any manner.
5. I am responsible for updating credit card information including current expiration dates. No charges will be made past the current expiration date listed on this form, no charges will be allowed by persons not listed as authorized users. No materials may be picked up or delivered until the total amount is charged to my credit card.

CUSTOMER NAME:	
TELEPHONE	
BILLING ADDRESS ZIP CODE	
DATE:	
C/C ACCOUNT NAME	
CARD TYPE: M/C,VISA, AMEX,DISC.	
CC NUMBER	
EXPIRATION DATE	
AUTHORIZED USERS	

I wish this authorization to remain in effect until _____

All card information will be deleted after this date unless notified in writing of an additional authorization period.

Cardholder signature

Date