

Cape Cod Lumber Co., Inc.
PO Box 2013 • Abington, MA 02351
225 Groveland Street • Abington, MA 02351 • 781-878-0715 • www.capecodlumber.com

		APPLICATION FO	OR CASH ACC	OUNT	
Pusinoss Na			Business Start Date:		
Business Name:		Start Date:			
Address:					
Telephone	<del></del>	Fax #:	Cell	ular #:	
Business	_				
	_		ration Joint Ve	enture Other	
	wnei oi i	Principal Officer:			
Address:					
Social Secu	urity #:		Date of Birth:		
Telephone	#:	Fax #:	Cell	ular #:	
<u> </u>					
		AUTHORIZED PURC	CHASERS ON ACC	OUNT	
YOUR ACC IF THERE IS A RESPONSIB	COUNT. W A CHANC LE FOR C	IN THE SPACE BELOW, WITH THE NAMES WITH THIS INFORMATION, WE CAN SAFECT OF THE SERVICE OF THE SAFECT OF THE SERVICE OF THE SER	GUARD YOUR ACCO US IN WRITING IMM	UNT FROM UNAUTHORIZED CHARGES. EDIATELY OR WE ARE NOT	
	***	*COPY OF BUILDERS LICENS	E & DRIVERS LI	CENSE REQUIRED****	
			ID CONDITIONS		
In considerati	ion of Cape	e Cod Lumber Co., Inc. (CCL) selling to me or to	my agent(s), I (we) agre	e to the following:	

	TERMS AND CONDITIONS				
In consideration of Cape Cod Lu	er Co., Inc. (CCL) selling to me or to my agent(s), I (we) agree to the following:				
1. To make payment in full on t	lesignated due date (Cash) following the date of purchase as indicated on the monthly statement.				
2. In the event of default on fore	ing 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.					
Business Name:	Date:				
·					
Signature:	Title:				