1-800-66-TAGUE • www.taguelumber.com

Please remit to: 325 Media Station Road, Media, PA 19063 (P) 610-566-1200 • (F) 610-566-1623 Tague Lumber of Doylestown

- Tague Lumber of Kennett Square
- Tague Lumber of Media
- Tague Lumber of Phoenixville
- Tague Lumber of Philadelphia
- Tague Design Showroom
- Premier Door Frame Hardware

APPLICATION FOR CASH ACCOUNT

By submitting this application to Tague Lumber, Inc., Applewood Lumber Company DBA Tague Lumber of Phoenixville, Inc. and Tague Design Showroom, Tague Lumber of Media, Inc., Tague Lumber of Kennett, Inc., Tague Lumber of Doylestown, Inc., Tague Door, Frame and Hardware, Inc. DBA Premier Door, Frame and Hardware (collectively "Tague Lumber"), you are certifying that the information set forth below is true and accurate to the best of your knowledge.

Applicant Name*:* *A copy of all applicant's drivers' licenses is required to o		Title:	Title: C		Contractor Lic#:	
egal Account Name: EIN#:					<u></u>	
Street Address:		City:_		State:	Zip:	
Phone:	Fax:	Email:_				
Purchase Order Required:	Yes: No:	Tax Exempt: \ If yes, please atta	Yes: No ach a copy of your e	o: exemption certi	ficate and number.	
Create Online Portal Accou	int Log In for This	User? Yes:	No:			
Additional Account Users	(Optional)					
Full Name:		Title:				
Phone:	Fax:	Email:_				
Create Online Portal Accou	int Log In for This	User? Yes:	No:	=		
Can Tague Lumber Keep If yes, please fill out the attack			or this Account?	Yes:	No:	
I/We give Tague Lumber auth status of my/our account. I/W I/We agree to reimburse Tagu returned checks.	orization to contact of also agree to pay T	ague Lumber \$40.00 fo	information necessor a check returned	to us by my/o	ur bank. In addition,	
Witness	Date	Signature		Initials	Date	
		COMPANY USE ONLY	,			
Sales Rep for Tague Lumber		Date	Customer Type			

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Credit Card Authorization Form

Customer Name:					
Customer Account #:					
Credit Card Information Card Type: □ Visa □ Mastercard					
Credit Card #:					
Exp. Date:* Security code					
Billing Information Name as it appears on the Credit Card:					
Cardholders Billing Address:					
City:	State:	Zip:			
Phone Number:					
I (na	me of card owner or office	er) authorize Tague			
Lumber to charge my credit card for:					
(choose one) ☐ All orders (I will contact the book charged)	okkeeping office each time	the card should be			
	·				
order n The Monthly Statement Balance		r amount			
Other: and I guarantee payment for any purchases made w above, including renewed cards.	ith the credit card account	number identified			
Signature of owner/officer	Date	_			
Print name	Title				
*Please notify Tague Lumber of any changes to your credi	t card, including updated e	expiration dates.			