

Salesperson: \_\_\_\_\_

Location: \_\_\_\_\_



### APPLICATION FOR CASH ACCOUNT

Corporate Office: 322 Washington Street, Madison, VA 22727

Phone: (800) 844-9234 | Fax: (540) 948-6321

PO's Required?  Yes  No

Authorized Purchaser List?  Yes  No

Subscribe to email newsletter?  Yes  No

Name _____		Home Phone _____	Work Phone _____		Mobile Phone _____
Mailing Address _____		City _____	State _____	ZIP _____	County _____
Physical Address _____		City _____	State _____	ZIP _____	County _____
Social Security # (optional) _____	or	Driver's License Number _____			
Employment/Nature of Business _____		Contractor License No. _____		Expiration Date _____	
Business Name _____		Business Phone _____			
Business Address _____		City _____	State _____	ZIP Code _____	County _____
Email Address _____					

*If you would like to keep a bank card on file for use by authorized purchasers, please fill out the fields below. By signing this application, you agree to allow Cardinal Home Center to store this bank card information for authorized use.*

Credit Card No. _____	Exp. Date _____	CVC Code _____	Billing ZIP Code _____
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**This application is for a Cash Account Only. No credit will be extended to this Account. If a social security number is provided, no credit report will be run, and this number is for Cardinal Home Center records ONLY. I agree that facsimile or email shall be binding as an original signature.**

Applicant (Signature) _____	Print Name _____	Date _____
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Email completed applications to [credit@cardinalhomecenter.com](mailto:credit@cardinalhomecenter.com)