



200 James Street Lakewood, NJ 08701

**ACCOUNT FORM FOR CASH CUSTOMERS**

DATE: \_\_\_\_\_ FAX TO CREDIT DEPARTMENT: 732-901-8903

BUSINESS NAME: \_\_\_\_\_

INDIVIDUAL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

JOB ADDRESS (optional) : \_\_\_\_\_

SALES REP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE PROVIDER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

D/L# /STATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CREDIT CARD AUTHORIZATION (Only Credit Cards - Debit Cards not allowed)**

I, \_\_\_\_\_, from  
Print Name

\_\_\_\_\_ do authorize  
Print Company Name (if Applicable)

Woodhaven Lumber & Millwork to charge my credit card for all purchases made on my account.  
Type (circle one) AMEX Discover Visa MasterCard

Number: \_\_\_\_\_

Exp Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_

Name on the Credit Card: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_ Billing Zip \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**PLEASE PRINT LEGIBLY**  
**ATTACH A COPY OF CARDHOLDER'S DRIVER'S LICENSE AND CREDIT CARD**  
**THANK YOU**