



Cash Account Application-PLEASE PRINT LEGIBLY

Applicant Information

Business name/Individual's name:

Business Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Business Phone:

Email:

Business type:

****IF YOU ARE TAX EXEMPT, PLEASE ATTACH A COPY OF A VALID TAX EXEMPTION FORM****

Owner's name:

Name of RF Fager employee who referred you , if applicable:

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| MAIN BRANCH: 2058 State Road, Camp Hill, PA 17011 | Ph: 717.761.0660 | Fx: 717.761.5839 |
| BRANCH LOCATIONS: | | |
| HANOVER: 816R McAllister Street, Hanover, PA 17331 | Ph: 717.632.0560 | Fx: 717.632.1688 |
| HARRISBURG: 3901D Derry St., Harrisburg, PA 17111 | Ph: 717.564.1166 | Fx: 717.564.6056 |
| YORK: 575 Maryland Ave., York, PA 17404 | Ph: 717.650.2375 | Fx: 717.885.0174 |
| CARLISLE: 225 York Rd. Carlisle, PA 17013 | Ph: 717.462.6542 | Fx: 717.462.6794 |