



CORPORATE CHARGE ACCOUNT APPLICATION

Please fill out this application carefully. Incomplete applications will not be processed.

COMPANY INFORMATION

Date: _____

Company name: _____

Address: _____ Floor/Suite: _____ Zip: _____

Telephone: _____ Fax: _____ Type of Business: _____

Contact Person: _____ Title: _____

Number of years in business: _____ Number of employees: _____

Name of responsible party if other than above: _____

BANK REFERENCE

Bank: _____ Account #: _____

Contact person: _____ Phone: _____

TRADE REFERENCES (PLEASE DO NOT INCLUDE FOOD ESTABLISHMENTS)

1. Company: _____ Contact: _____ Phone: _____

2. Company: _____ Contact: _____ Phone: _____

CHARGE AND BILLING INFORMATION

Name of person(s) authorized to use this charge account: _____

Billing contact: _____ Phone: _____ Fax: _____

Local address: _____ Floor/Suite: _____ Zip: _____

A credit card is required for security in the event of default. **PLEASE NOTE:** By signing below you are authorizing a charge to your credit card for any monies owed to dishes that age beyond 60 days.

Credit card type: _____ Acct# _____ Exp Date: _____

Name as it appears on the credit card _____

Signature of card holder _____

PLEASE NOTE THAT PAYMENTS ARE DUE UPON RECEIPT OF BI-WEEKLY STATEMENTS