

**CORPORATE CHARGE ACCOUNT APPLICATION**

Restaurant Name \_\_\_\_\_

Location (if more than one) \_\_\_\_\_

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Company Name \_\_\_\_\_

Address \_\_\_\_\_

Floor \_\_\_\_\_ Zip Code \_\_\_\_\_

Company Representative \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Send Bills To \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Bank Reference

Bank \_\_\_\_\_ Account Representative \_\_\_\_\_

Telephone \_\_\_\_\_ Account Number \_\_\_\_\_

Two Credit References

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Contact \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Contact \_\_\_\_\_

**PLEASE PRINT AND FAX OR MAIL TO OUR CORPORATE OFFICE. THIS INFORMATION CAN BE FOUND IN THE "CONTACT US" SECTION OF THIS WEB SITE.**