

CORPORATE HOUSE ACCOUNT AGREEMENT

BILLING INQUIRY # : 212.819.9130

E-MAIL: CONTACTUS@CAMBRIDGECATERING.COM

Fax your application to: 212.819.9417

Date: _____ Account #:(Office Use Only) _____

Company Name: _____

Company's DBA: _____

Company's Federal Tax ID: _____

Address: _____ Floor: _____

City: _____ State: _____ Zip: _____

Telephone _____

If Company is Not-For-Profit please circle YES or NO and attach proper documentation.

Company Information:

Type of Business: _____

Contact Person: _____

Title: _____

Years in Business: ___ #of Employees _____

Bill to the attention of: _____

Principal's Telephone: _____

Principal's Name: _____

Principal's Signature: _____

Bank Information:

Bank: _____

Telephone: _____

Address: _____

Account Title: _____

Trade References (2):

Company: _____

Telephone: _____

Company: _____

Telephone: _____

Accounts Payable Address:

Same as Above: Yes _____ No _____

*if you selected "NO", the information below is required

Company: _____

Address: _____

Telephone: _____

Fax: _____

Contact Person: _____

E-Mail Address: _____

Title: _____

Bill to the Attention of: _____

Charge and Billing Information:

The following persons are authorized to use this Corporate Account: (Supply name & e-mail): _____

I understand full payment of our monthly statement is due upon receipt. Payment is required to be made within 10 days from your receipt of statement.

Principal's Signature: _____ Please Print

Name: _____

***CREDIT CARD INFORMATION (To Secure Payment)**

Type of Card: _____ Billing Address of Credit Card Statement: _____

Card Number (#): _____

Exp Date: _____ Security Code: _____

Print Name: _____ Authorization Signature: _____