



eat fresh feel whole live well

212-819-9130

CORPORATE CHARGE ACCOUNT CREDIT APPLICATION/TERMS

You may fax your completed application to 212-819-9417 or email to Contactus@CambridgeCatering.com

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

Telephone \_\_\_\_\_ / Fax \_\_\_\_\_

Address: \_\_\_\_\_

DBA: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Bills to Attention \_\_\_\_\_ / tel# \_\_\_\_\_

FAX \_\_\_\_\_ / email \_\_\_\_\_

Type of Business: \_\_\_\_\_

Legal Structure: Corporation (\_\_\_\_) Partnership (\_\_\_\_) Sole Proprietorship (\_\_\_\_)

Tax ID No. \_\_\_\_\_ /

Controller \_\_\_\_\_ / TEL \_\_\_\_\_

=====REFERENCES=====

1. Bank Account No.

Contact Telephone No.

2. Credit Reference Account No

Contact Telephone No.

3. Credit Reference Account No

Contact Telephone No.

I verify the accuracy of this information and hereby give my consent for the exchange of Information with the above listed references for the purpose of establishing credit.

Signed: \_\_\_\_\_ / Date: \_\_\_\_\_ /

Print \_\_\_\_\_ / Title \_\_\_\_\_ /

Direct Tel \_\_\_\_\_ / Email \_\_\_\_\_ /



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MISC:

Do you require any internal codes ? please check off required internal codes if needed.

>> PO# ( ), charge code ( ), dept # ( ), client code ( )

Please list names of persons authorized to order on this account, please include phone and email for each

- 1.
2.
3.

(you may attach an additional form of authorized persons if needed)

Your account will be billed monthly with closing dates being the last day of each month. Invoices are due upon receipt. Any account exceeding 30 days due (two billing periods) is considered past due. A late fee of 1 1/2% will be added to any invoice showing a past due balance. Credit service will automatically be suspended on any account exceeding 45 days due. In the event of non-payment, the undersigned agrees to pay any and all costs incurred in collection of this account, including, but not limited to, attorney's fee. An administrative fee of 3.5% will be added to all current charges. The company named above accepts responsibility for charges arising from the use of this account.

In the event of unauthorized use of this account, the company named above must notify the Customer Service Department at 212-819-9130 to prevent further charges. Any questions concerning your billing should be addressed to the Customer Service Department. This Corporate Charge Account Credit Application may be signed by counter-part signatures and a facsimile copy of this Application shall constitute an original of such Application. By my signature below, I acknowledge that I have read and agreed to the terms, conditions and disclosures which are part of this application and that I am authorized by the above named company to make this application on their behalf.

Agreed by: / Date: /

Print Name: / Title/Position: /

Direct telephone: / email /

This agreement is not executed unless endorsed by officer of Cambridge Catering below

Endorsement signature / date /

Print / Title /