



370 West 58th St., New York, NY 10019

Tel: (212) 245-0440

Fax: (646) 590-2532

E-mail: info@fluffyscafe.com

Website: www.fluffyscafe.com

CORPORATE HOUSE ACCOUNT CHARGE APPLICATION

Date: _____

Account Number (office use only): _____

COMPANY INFORMATION

COMPANY NAME _____

COMPANY LEGAL NAME _____

COMPANY FEDERAL TAX ID# _____

ADDRESS _____

CITY STATE ZIP CODE _____

TYPE OF BUSINESS _____

YEARS IN BUSINESS # OF EMPLOYEES _____

BILLING INFORMATION

ACCOUNTS PAYABLE CONTACT _____

TEL# FAX# _____

E-MAIL _____

BILLING ADDRESS SAME AS ABOVE? YES IF NO, PLEASE FILL BELOW _____

BILLING ADDRESS _____

CITY STATE ZIP CODE _____

BANKING INFORMATION

BANK _____

TEL# _____

ADDRESS _____

ACCOUNT TITLE OR # _____

BUSINESS REFERENCES

BUSINESS REFERENCE 1 _____

CONTACT TEL# _____

BUSINESS REFERENCE 2 _____

CONTACT TEL# _____

CONTACT INFORMATION

PRINCIPAL CONTACT _____

TEL# FAX# _____

E-MAIL _____

CHARGE AND BILLING ACCESS

THE FOLLOWING ARE AUTHORIZED TO USE THIS CHARGE ACCOUNT

CHARGE ACCOUNT TERMS

1. Corporate accounts may be used on DELIVERY ORDERS, CATERING ORDERS and PICKUP ORDERS.
2. Each month, you will be billed for the previous month. Payment is due within 15 days of receipt of the statement.
3. By signing each invoice, the applicant agrees to pay the amount to: NYC CAFE 58 LTD., D.B.A. FLUFFY'S CAFE & PIZZERIA
4. The credit card on file will be charged for the amount owed if payment has not been received after 30 days.
5. The applicant represents that he or she has the authority to contract for the applying firm.

BY SIGNING BELOW, I HAVE READ AND AGREE TO THE TERMS ABOVE.

CREDIT CARD GUARANTEE

CREDIT CARD TYPE _____

CC# EXP DATE _____

CARDHOLDER NAME _____

CARDHOLDER ADDRESS _____

CITY STATE ZIP CODE _____

CARDHOLDER TEL# _____

CARDHOLDER SIGNATURE _____