

# Corporate Charge Application

Date \_\_\_\_\_ Account # (office use only) \_\_\_\_\_

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Company \_\_\_\_\_ Company \_\_\_\_\_

Company's Logo Name \_\_\_\_\_ Company's Logo Name \_\_\_\_\_

Company's DBA Name \_\_\_\_\_ Company's DBA Name \_\_\_\_\_

Company's Federal Tax ID \_\_\_\_\_ Company's Federal Tax ID \_\_\_\_\_

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## Company Information

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

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Years in Business \_\_\_\_\_ Number of Employees \_\_\_\_\_

Bills to the Attention of \_\_\_\_\_

Principle's Name \_\_\_\_\_

Principle's Telephone \_\_\_\_\_

Principle's Signature \_\_\_\_\_

## Accounts Payable Address

Same as Above?      Yes      No

*If you circled "No", the information below is required*

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

## Bank Information

Bank \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Account Title \_\_\_\_\_

## Additional Authorized Users

The following people are authorized to use this account

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Trade References

Company \_\_\_\_\_

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

Company \_\_\_\_\_

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

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## Credit Card Information

I understand full payment of our monthly statement is due upon receipt. Accounts in arrears of 30 days after receipt of statement will be charged to your credit card. Please provide your corporate or private credit card information to be securely filed with us.

Type of Card \_\_\_\_\_

Authorized Signature (Owner or Partner)

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

\_\_\_\_\_