



CREDIT APPLICATION FOR CORPORATE BILLING ACCOUNT

GENERAL INFORMATION		
Corporate Name (Legal Name)	dba	
Business Address	Tax ID #	
City	State	Zip
Phone	Fax	Email
Billing Contact		Title
Billing Address		
City	State	Zip
Phone	Fax	Email

AUTHORIZED USERS			
Name	Phone	Fax	Email
Name	Phone	Fax	Email
Name	Phone	Fax	Email
Name	Phone	Fax	Email

BANK REFERENCE		
Name of Bank	Branch	
Contact	Account #	
Phone	Fax	Email

TRADE REFERENCES		
Corporate Name	Contact Name	
Phone	Fax	Email
Corporate Name	Contact Name	
Phone	Fax	Email

If credit is extended as a result of this application, I hereby acknowledge and agree to your terms, which are: Payment on all corporate accounts is due upon receipt. If payment is not received by the 30th day, your account will be considered delinquent and subject to loss of credit privileges. In the event that it is necessary to commence collection activity, I agree to pay collection-agency fees and/or reasonable attorney fees and all costs that are incurred as fixed by the court.

I certify that to the best of my knowledge and belief the above credit information is correct. Furthermore, I authorize the release of credit information for the purpose of establishing credit with Creative Corporate Catering.

Applicant	Date
Print Name	Title