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CORPORATE CHARGE APPLICATION

Account Number (Office Use Only): _____

Company: _____
Company's Legal Name: _____
Company's DBA Name: _____
Company's Federal Tax ID: _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Telephone: _____ **Fax:** _____ **Email:** _____

Company Information

Type of Business: _____
Contact Person: _____
Title: _____
Years in Business: _____ # 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 selected "No", the information below is required
Company: _____
Address: _____
Telephone: _____
Fax: _____
Contact Person: _____
Title: _____

Bank Information

Bank: _____ Telephone: _____
Address: _____
Account Title: _____

Charge and Billing Information

*The Following are Authorized to Use
This Charge Account:*

Trade References

Company: _____
Telephone: _____
Company: _____
Telephone: _____

Credit Card Information

I understand full payment of our monthly statement is due upon receipt. The terms of payment are 15 days after receipt of statement. 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: _____
Card Number: _____
Exp. Date: _____

Authorized Signature: (Owner or Partner)

Date: _____