



**CORPORATE CHARGE APPLICATION**

Please provide the location you wish to apply for:

If not sure, we will choose the closest location for you.

Fax your application to: 212-983-7444

Date: \_\_\_\_\_

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: \_\_\_\_\_

**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: \_\_\_\_\_

**Bank Information**

Bank: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

**Trade References**

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

Telephone: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Accounts Payable Address**

Same as Above? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

**Charge and Billing Information**

*The Following are Authorized to Use*

*This Charge Account:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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)

\_\_\_\_\_