



Application To Open a Corporate Charge Account

Company Name: _____ Your Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Credit Card Type: _____ Credit Card Number: _____ Exp Date: _____

Name as It Appears on Credit Card: _____

Signature of Credit Card Holder: _____

Bank Reference: (Name of Bank): _____

Type of Account: _____ Account Number: _____

Persons Authorized to Use Account: (Name and Signature)

1. _____

2. _____

I certify that the above information is correct and herewith authorize the release of my credit information to Downtown Kitchen. In addition I/We agree to be responsible for all charges made to the above listed authorized signatures on the account.

Please be advised that Downtown Kitchen bills on a 30-day cycle. Any charges over 30 days are subject to a 5% late fee. Any charges over 60 days will automatically get billed to the credit card listed on this application and are subject to the 5% penalty fee plus a 3% credit card processing fee.

A 10% gratuity is added to all account orders. No cancellation on same day orders. Cancellations on orders with less than 24 hours notice are subject to a 25% cancellation fee.

Signature: _____ Date: _____

Please fax this completed form back to 212 962 0653. Thank you for your interest in Downtown Kitchen.