

**CORBET & CONLEY  
CATERERS**

**CHARGE ACCOUNT APPLICATION**

145 e 17 street nyc 10003 212-982-3939 fax 212-982-3988  
WWW. CORBETANDCONLEY.COM email: [zaman92m@aol.com](mailto:zaman92m@aol.com)

As an additional service to our clients, and to facilitate your firm's record –keeping we will Be happy to open account for your convenience ,  
We will send an invoice with each order, and monthly statement , payable upon receipt. All applications must be approved by our credit dept. Processing of credit requests take Approximately seven days, unless information in incomplete

DATE \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_ TEL. \_\_\_\_\_

ADDRESS \_\_\_\_\_ FL/SUITE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_ TEL \_\_\_\_\_

Email: \_\_\_\_\_ cell \_\_\_\_\_

ACCOUNT IS \_\_\_\_\_ individual doing business under assumed trade name \_\_\_\_\_

PARTNERSHIP \_\_\_\_\_ NEW York corporation \_\_\_\_\_ otherwise what state \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ YEARS ESTABLISHED \_\_\_\_\_

NAME OF OWNER, PARTNERS, OR OFFICERS OF CORPORATION

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

A charge of 1.5% is billed on accounts 30 days outstanding  
Please open a charge account as specified above. We understand that payment is due upon receipt of statement Terms net 10 days.

SIGNATURE OF OWNER OR PARTNER

SIGNATURE OF CORPORATE OFFICER

\_\_\_\_\_  
The undersigned represents that he/she is one of the principals of said corporation and that applicant's Statements are true and correct.

The undersigned personally guarantees the full foregoing representations and guarantees in order to obtain Credit from CORBET & CONLEY

NAME(PLEASE PRINT)

(please sing personally –not as officer) DATE

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