



Application:
Corporate Charge Account

COMPANY NAME _____

ADDRESS _____

FLOOR _____

CITY _____

STATE _____

ZIP _____

TELEPHONE NUMBER _____

EXTENSION _____

BILLING CONTACT _____

NAME OF BANK _____

CONTACT _____

ACCOUNT NUMBER _____

PHONE _____

We understand that a full payment of our monthly statement is due upon receipt and that overdue balances will be subject to a finance charge.

The undersigned personally guarantees full and prompt payment for all charges on this account.

AUTHORIZED SIGNATURE

DATE

PRINT NAME

TITLE

PHONE NUMBER

FAX NUMBER