

Flavors Charge Application

27 Whitehall St. • P: (212) 269-6100 • F: (212) 269-1111
74 Broad Street • P: (212) 668-9800 • F: (212) 668-5900
100 W. 23rd St. • P: (212) 924-9500 • F: (212) 924-0600
Email: info@flavorsnyc.com

BILLING INFORMATION *(Full Contact Information Required)*

Firm Name _____
Trade Name or d.b.a _____
Company's Federal Tax ID _____
Duns No. _____
Address _____
Floor _____ Cross Street _____ City _____ State _____ Zip Code _____
Telephone _____ Mobile Phone or Alternate Contact _____
Fax _____ Email _____

ACCOUNTS PAYABLE ADDRESS

Full Contact Information Required.

Company _____ A/P Contact _____
Address _____ Email _____
City _____ State _____ Zip _____ A/P Phone No. _____
Phone No. _____ A/P Fax No. _____
Nature Of Business _____
Business Type (please circle one) Proprietorship Partnership Corporations LLC Limited Paternship Non-Profit

BANK INFORMATION:

Bank Name _____
Address _____
City _____ State _____ Zip Code _____
Loan/Bank Officer _____
Phone NO. _____ Checking Account No. _____

AUTHORIZED USERS *(Please Print)*

Name _____	Tel_# _____	Email _____
Name _____	Tel_# _____	Email _____
Name _____	Tel_# _____	Email _____
Name _____	Tel_# _____	Email _____
Name _____	Tel_# _____	Email _____
Name _____	Tel_# _____	Email _____

BUSINESS REFERENCE

Business Name _____	Business Name _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone No. _____	Phone No. _____
Contact: _____ Fax No. _____	Contact: _____ Fax No. _____
Email _____	Email _____

CREDIT CARD GUARANTEE INFORMATION

Credit Card Number: _____ Name on Card: _____
Expiration Date _____ Security Code _____ Billing Address: _____
Amex Visa MC Diners Discover Zip Code _____

Signature _____

This Customer Account and Credit Application ("Application") is made to Flavors Catering ("Flavors") for the purpose of inducing Flavors to extend credit accommodations to the Applicant named below, and in accordance with the following terms:

1. Upon approval of this Application, Flavors, in its sole discretion, and notwithstanding any request of Applicant, shall have the right to terminate Applicant's credit privileges under this Application at any time without prior notice to Applicant, except otherwise provided by law.
2. All purchases by Applicant of goods and/or services from Flavors will be made in accordance with the terms and conditions of this Application and any invoices and/or other documents evidencing Applicant's obligations to Flavors, all of which are incorporated herein by this reference.
3. The entire outstanding balance due to Flavors on all invoices shall become due in full immediately upon default in the payment of any invoice. Applicant agrees to pay interest in the amount of 1.5% per month, or the highest rate permitted by law, whichever is less, on any past due amount until collected, and Applicant agrees to pay all costs of collection incurred by Flavors, including attorneys' fees and expenses, should a default in payment or any other obligation to the Applicant to Flavors occur.
4. If Applicant has guaranteed the account with a credit card, the Applicant agrees that any invoice aging over 45 days will be processed to this credit card without prior notification.
5. This Application and all transactions between Applicant and Flavors shall be governed by and interpreted in accordance with the laws and decisions of the State of New York without regard to the conflicts of law provisions thereof and all actions and proceedings arising from, relating to or in connection with this Application shall be subject to the exclusive jurisdiction of said state.

Applicant hereby certifies that the information furnished under this Application and any other financial statements furnished in connection herewith, is true and correct and that this information is being furnished to Flavors to extend credit to Applicant, and understands that Flavors intends to rely upon such information. Applicant understands and agrees to be bound by the above terms and all invoices and other documents furnished by Flavors from time to time, all of which are incorporated herein by reference, and to advise Flavors of any material change in the information provided herein, including but not limited to change in ownership, address or telephone number. Applicant understands that Flavors will retain this Application whether or not it is approved.

Applicant: (Full Name Firm) _____

By Authorized Agent: (Printed name & Title) _____

Signature & Date: _____

Please provide the location you wish to apply for: _____

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

FOR OFFICE USE ONLY	Account Number _____
Credit Limit: _____	Manager's Approval by: _____
Credit Card on file: _____	Final Approval by: _____