

# Flavors Charge Application

27 Whitehall St. P: (212) 269-6100 · F: (212) 269-1111  
42 Broadway P: (212) 668-9800 · F: (212) 668-5900  
175 Water St. P: (212) 480-2560 · F: (212) 269-1111  
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.

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