

BUSINESS ACCOUNT INFORMATION/CONTRACT

Company Name:		Date:		
Delivery Addresses:				
1)				
2)				
Email Address:				
Billing Address:				
City:	Zip	Code:		
Phone:				
Contact/Person in charge of acco	unt (name	/phone)		
Contact/Accounts Payable (name	/phone)			
Do you issue purchase orders? _	Yes	No Are	e P.O.'s required? _	YesNo
Who May sign on your account? (please att	ach 2nd sl	neet if necessary_	
Is there a \$ limit per order?	Yes	No	Amount \$	
Knowledge of 15% gratuity on ord	ders \$100	or greater		
*This document serves as a contr Should you default on payment af account holder will be responsible	ter 30 day	rs, legal se	ervices may be obtain	
Signature:		Date	e:	