



# Benvenuto Café's Corporate Charge Application

This information is for the use of our Corporate Accounting Dept. and is held in strict confidence. Please print or type all the information and complete all applicable items.

Legal Name \_\_\_\_\_ DBA \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Ownership: Proprietorship  Partnership  Corporation  Other \_\_\_\_\_

Website Address \_\_\_\_\_ Type of Business \_\_\_\_\_

Parent Company or Affiliates: (Name and Address) \_\_\_\_\_

Office Manger \_\_\_\_\_ Email: \_\_\_\_\_ DUNS \_\_\_\_\_

Principal Suppliers				
Name	Address	Telephone	High Credit	Contact
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

In order to complete the processing of your corporate application, the following terms and conditions must be agreed to by signing below.

- 1 Attach a copy of your W9
- 2 All payments are required upon receipt of the monthly invoice.
- 3 A valid credit card is required to be on file with authorization to be used for any payments not received within 45 days.

If all transactions are to be charged to the credit card listed below, please Check \_\_\_\_\_ & Initial \_\_\_\_\_

Authorized Personnel with Account Access:

All Employees

Authorized Individuals Only

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(Please include a list of Authorized Personnel on the back of this sheet)

\_\_\_\_\_  
Credit Card Number / Security Code / Expiration Date

### Gratuity:

Please select the appropriate gratuity for our delivery staff that will automatically billed to your house account:

Gratuity Percentage Per Order: \_\_\_\_\_%

Flat Amount Per Order: \$ \_\_\_\_\_

\_\_\_\_\_  
Cardholder Signature

Benvenuto Café accepts my application for a house account at all of its restaurants, I agree that upon receipt of an invoice for charges made by me or any authorized person as noted on either this application or subsequent notices (via fax, mail,email), I shall pay the amount due in full within fifteen (15) days of receipt of such invoice. If any invoice is not paid in full within 45 days of the date of the invoice, Benvenuto Café is hereby authorized to charge the full amount, due to the credit card listed above. If the credit card ceases to be valid, I will provide a valid credit card account to substitute for the invalid card. I agree to pay \$25.00 for any returned checks, plus the original amount of said check. I agree to pay all costs and expenses including all reasonable attorney's costs and fees, which Benvenuto Cafe may incur in the collection or enforcement of any amounts due to them, whether or not any lawsuit is actually instituted. I further authorize Benvenuto Cafe, to verify the above bank reference information, including account status, average cash balance and when the account was established.



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Billing Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

### Authorized Personnel with Account Access

Name	Phone Number	Extension	Email Address <i>(Required to enable online ordering)</i>
_____	( ) -	x	
_____	( ) -	x	
_____	( ) -	x	
_____	( ) -	x	
_____	( ) -	x	
_____	( ) -	x	
_____	( ) -	x	
_____	( ) -	x	
_____	( ) -	x	
_____	( ) -	x	
_____	( ) -	x	
_____	( ) -	x	
_____	( ) -	x	
_____	( ) -	x	
_____	( ) -	x	
_____	( ) -	x	

Internal Use Only

Approved By: \_\_\_\_\_ Credit Limit \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_