



NET-30 CREDIT APPLICATION

COMPANY NAME:

BILLING ADDRESS:

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: () _____ FACSIMILE: () _____

FEDERAL TAX ID#: _____ TYPE OF OWNERSHIP: _____ Corporation

SALES TAX EXEMPTION #: _____ Partnership

_____ Proprietorship Copy of Sales Tax Exemption Certificate must be supplied.

NAME(S) OF CORPORATE OFFICERS:

Name [Title]

Name [Title]

ACCOUNTS PAYABLE:

Contact Name: _____ Phone: _____

Branch: _____ Account Number: _____

Banker: _____ Phone Number: _____

CREDIT REFERENCES:

Company Name: _____ Contact Name: _____

Phone: _____ Length of Relationship: _____

Company Name: _____ Contact Name: _____

Phone: _____ Length of Relationship: _____

The Corporation/Partnership of _____ agrees that whoever signs this application is hereby authorized to do so.

[Date] [Title]

Signature of Officer

2990 Dairy Creek Road • San Luis Obispo, CA 93405

tel: (805) 782-8070 • fax: (805) 782-8071

CREDIT CARD AUTHORIZATION (SINGLE USE)

COMPANY NAME:

CONTACT NAME:

BILLING ADDRESS:

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: () _____ FACSIMILE: () _____

_____ VISA CREDIT CARD TYPE:

_____ MASTERCARD

ACCOUNT NUMBER: _____ EXP DATE:

NAME ON CARD (Please Print):

SIGNATURE OF CARDHOLDER:

BILLING ADDRESS (For Card):

CITY: _____ STATE: _____ ZIP CODE: _____

TAX EXEMPT #:

Copy of Tax Exemption Certificate must be supplied.

I authorize CateringUnlimited.Com to charge my credit card for my event on: _____

[Date]

2990 Dairy Creek Road • San Luis Obispo, CA 93405

tel: (805) 782-8070 • fax: (805) 782-8071

APPLICATION FOR PERMANENT CREDIT CARD ACCOUNTS

COMPANY NAME:

CONTACT NAME:

BILLING ADDRESS:

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: () _____ FACSIMILE: () _____

_____ VISA CREDIT CARD TYPE:

_____ MASTERCARD

ACCOUNT NUMBER: _____ EXP DATE:

NAME ON CARD (Please Print):

SIGNATURE OF CARDHOLDER:

BILLING ADDRESS (For Card):

CITY: _____ STATE: _____ ZIP CODE: _____

SALES TAX EXEMPT #:

Copy of Tax Exemption Certificate must be supplied.

In making this application, I/we understand and agree that the above referenced credit card will be used for payment of all invoices for goods and services rendered by CateringUnlimited.Com

FOR CORPORATIONS OR PARTNERSHIPS ONLY:

The Corporation/Partnership of _____ agrees that whoever signs this application is hereby authorized to do so.

[Date] [Title]

Signature of Officer

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