



# Market Place Cafe House Account Application

125 Park Avenue New York, NY 10017

Tel: 212- 661-3330

Fax: 212- 661-3363

Date \_\_\_\_\_

Account Number (Office Use Only) \_\_\_\_\_

Company's Legal Name: \_\_\_\_\_

Company's DBA Name: \_\_\_\_\_

Company's Federal Tax ID #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Account Payable information

Company name: \_\_\_\_\_

A/P contact name: \_\_\_\_\_

Tel #: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Address: (same as above  ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Authorized users for this account:

1- \_\_\_\_\_

2- \_\_\_\_\_

3- \_\_\_\_\_

4- \_\_\_\_\_

5- \_\_\_\_\_

6- \_\_\_\_\_

7- \_\_\_\_\_

8- \_\_\_\_\_

9- \_\_\_\_\_

10- \_\_\_\_\_

11- \_\_\_\_\_

12- \_\_\_\_\_

I understand that a full payment of our monthly statement is due upon receipt. Balance that is more than 30 (thirty) days past due will be charged to my (customer's) credit card provided below. my (customer's) credit card will not be charged for any amount that is not above 30 (thirty) days past due.

Type of card: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration date: \_\_\_\_\_ CVV#: \_\_\_\_\_

Authorized signature / cardholder signature: \_\_\_\_\_