



For Office Use Only:

Acct. # \_\_\_\_\_

## Corporate Catering Account Application Form

Please complete and fax to: 781-453-8686

Nearest Souper Salad Location:  Beth Israel  Berkeley Street  Center Plaza  Federal Street

Company Name

Department

Delivery Address

Suite/Floor

City

State

Zip Code

Phone Number

Fax Number

▶ Main Contact

▶ Billing Contact

Phone/Extension

Phone/Extension

Email

Email

Billing Address (if different)

City

State

Zip Code

Credit Card Number\*

Expiration Date

Name as it Appears on Card

Type of Card

Name(s) of Authorized Users

Federal Tax ID #

Tax Exemption ID (if applicable; please provide documentation)

Authorized Signature\*\*

Date

\* Company policy requires a credit card to accompany all catering accounts. This card will not be charged without prior consent of the cardholder.

\*\* Use of this corporate account or permitting any company employee or any other person use of this corporate account will constitute acceptance of the terms of payment. Payment terms are net 30 days from delivery date.