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DISBURSEMENT APPLICATION

DATE: _____

NAME OF PERSON APPLYING: _____

TITLE OF PERSON APPLYING: _____

DIRECT PHONE NUMBER: _____

COMPANY NAME: _____

COMPANY MAILING ADDRESS: _____

COMPANY PHONE NUMBER: _____

COMPANY IN BUSINESS SINCE: _____

ACCOUNT PAYABLE MANAGERS NAME: _____

ACCOUNTS MANAGERS DIRECT PHONE NUMBER: _____

CREDIT CARD NUMBER AND EXPIRATION DATE _____

SIGNATURES OF THOSE AUTHORIZED TO USE THIS ACCOUNT:

I ATTEST THAT ALL INFORMATION GIVEN IS TRUE AND ACCURATE TO THE BEST OF MY ABILITY.

SIGNATURE: _____

THIS APPLICATION IS SUBJECT FOR APPROVAL AND ALL INFORMATION GIVEN WILL BE USED FOR THIS PURPOSE. ALL INFORMATION IS KEPT CONFIDENTIAL.

DELIVERY POLICY AND TERMS:

1. \$75.00 MINIMUM ORDER

2. TERMS: NET 15 DAYS

THANK YOU FOR CHOOSING SALADELIA CAFÉ FOR YOUR CATERING NEEDS.