

Corporate Name _____ **Date** _____

Delivery Address _____ **Tax ID/FEIN** _____

Phone # _____

Billing Address (if different) _____

City _____

State _____ **Zip** _____

Billing Contact _____
Name of person(s) _____
authorized to charge _____

Credit References _____

Bank _____ **Phone** _____

Account # _____ **Type of account** _____

3 Trade references _____ **Phone** _____

_____ **Phone** _____

_____ **Phone** _____

Signature _____ **Date** _____

Printed Name _____ **Title** _____

By signature above I hereby represent that the information provided is true and correct and supplied for the purpose of obtaining credit; and
and authorizes references to release credit information to Dining Express Management.