



Corporate Charge Account Application

Company Information

Company Name: _____
 Contact: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 E-mail: _____
 Billing Address (If Different): _____
 City: _____ State: _____ Zip: _____

Credit Card (Check One)*

Bank Information

Visa _____ Mastercard _____ Discover _____ Amex _____
 Card Number _____
 Expiration Date _____
 Signature: _____
 Name _____
 Title: _____ Date: _____

Bank Name: _____
 Contact: _____
 Account No: _____
 Phone: _____

* Required back-up for all corporate account orders

Authorized Signatories

Terms & Conditions:

Please allow application seven days to process. If approved you will be assigned an account number, which you will need to place orders. Only authorized users of the account may sign invoices. Please keep a signed copy of each invoice as a receipt. Upon opening an account, Cafe FRAME reserves the right to establish a credit limit based monthly. Cafe FRAME reserves the right to cancel your account at any time.

Billing Information:

Statements of charges will be mailed out every month, indicating invoices incurred during the previous month. **Applicant authorizes Cafe FRAME to charge the credit card provided, for all balances not paid in full within 30 days.**

Please make checks payable to: **Alto & Bratsche Inc**

Include a copy of the statement with payment. Applicant is responsible for contacting Cafe FRAME should any individual cease to be authorized to order or to be added on as a new client. Applicant agrees to pay for all charges incurred on the account by authorized signatories.

Please fax your account application to: **212-273-3740**

We wish to open an account with Cafe FRAME, and agree to the above terms and conditions.

Authorized Signature: _____ Date: _____
 Print Name/Title: _____