



TASTE CREDIT APPLICATION

Company Information

Company : _____
Client Name: _____
Client E-mail: _____
Address: _____
Phone: _____

Accts Payable Information

Please Make All Checks Payable to TASTE CATERING

Accounts Payable Name: _____
Accounts Payable E-Mail: _____
Accounts Payable Phone: _____
Accts Payable Billing Address: _____ Zip Code: _____

Credit Card Information

Credit Card # : _____ Exp Date: ____ / ____ CVC: ____
Name on Card: _____
Billing Address: _____
Signature of Card Holder: _____

Waive use of Credit Card for collateral (Manager's signature required below)

X _____ Date: ____/____/____

Cancellation Policy Acknowledgement

I understand that there are no same day cancellations and that insufficient notice (less than 24 hours) will result in orders being billed in full. Please Initial: _____

I understand that I must obtain a cancellation code from a TASTE representative at the time of any order cancellation. Cancellations without a code will not be considered valid. Please Initial: _____

Account Manager Signature:

Mark's Signature:

Date:

Date: