



restaurant **EXPRESS**.com

Commercial Account Application

Business Information

Name of Business		Years in Business	YES <input type="checkbox"/> NO <input type="checkbox"/>
Street Address		P.O. Required?	
Suite			
City	State	Zip	
Email address			
Principal(s) or Account Contact		Area Code/Telephone Number	Ext

Bank References:

Bank Name	Address		
Account Number	Contact	Area Code/Telephone Number	

Authorized User Information

Name and Title of Authorized Purchasers* (please type or print)

1. _____	5. _____
Name Title	Name Title
2. _____	6. _____
Name Title	Name Title
3. _____	7. _____
Name Title	Name Title

*If additional space is required for Authorized Purchasers, please list on attached sheet of company letterhead.

Signature and Title

I certify that the above information is complete and accurate and I agree to be bound by the terms and conditions herein. I agree to notify Restaurant Express customer service of any changes to the above information, or of any additions or terminations of authorized users status. I hereby authorize the above named persons to charge to our account and I understand that the above-mentioned firm is responsible for all charges incurred by authorized user(s). I hereby authorize the bank references listed to accept copies of this application to release credit or financial information on my accounts.

Signature (required)	Title (required)
Federal ID Number	Date

Terms & Conditions

You agree to allow Restaurant Express, to use the information provided herein to conduct a credit check and you further agree to be bound by Restaurant Express terms of credit. Upon credit approval an account will be opened. All orders on account will include 15% gratuity for waiter/driver and a 5% billing convenience fee. You agree to pay for all purchases charged to the account. The invoice presented at time of delivery constitutes the official bill of sale. Restaurant Express will send you a billing statement twice monthly. Payment is due upon receipt of the statement. Accounts with unpaid amounts over 30 days from the statement date shall be considered delinquent. Accounts with unpaid amounts over 45 days from statement date shall be subject to a \$25 late fee and credit hold or cancellation. In the event that payment is not made, you agree to pay all reasonable attorneys' fees and court or other collection costs as permitted by law. You may cancel the commercial account upon 15 days written notice to Restaurant Express. You agree to be responsible for any outstanding balance and any new charges by authorized users incurred up to and including the date of cancellation. Please direct all billing inquiries to:

Restaurant Express 44827 San Pablo Avenue, Palm Desert CA 92260 760/776-8888
Restaurant Express, Tax ID 33-0684280