

# Open a Corporate House Account



16 West 45th Street, 5th Floor, New York, NY 10036  
Questions? call Jennifer: 212-768-9292 X-24. Fax this application to Jennifer: 212-768-9889  
Or Email to: [contact@blueradishgroup.com](mailto:contact@blueradishgroup.com) Visit: [www.blueradishgroup.com](http://www.blueradishgroup.com)



Account# \_\_\_\_\_

Select You Cafe Location:  Bread Market Cafe  Digby's Cafe  Cafe Beyond  City Chow Cafe

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Floor/Room# \_\_\_\_\_

Telephone \_\_\_\_\_ Fax# \_\_\_\_\_

Bills to the attention of \_\_\_\_\_ Terms: Net 15 Days. Position \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Business Structure: Years in business \_\_\_\_\_  Corporation  Partnership  Sole Proprietorship

Principal's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_

HomeAddress \_\_\_\_\_

## Trade Reference:

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## Bank Reference:

Bank Name \_\_\_\_\_ Bank Rep. Name \_\_\_\_\_

Branch Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## Credit Card Information

I understand Full Payment of our monthly statement is Due Upon Receipt. The terms of Payment are 15 days After receipt of statement. Accounts in Arrears of 30 days after receipt of statement will be charged to your credit card. Please provide your corporate or private credit card information to be securely filed with us.

Type Of Card \_\_\_\_\_ Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Orders may be ordered and signed by the following people on our staff:

\_\_\_\_\_

(Signature) \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Phone) \_\_\_\_\_ (Date) \_\_\_\_\_ Title \_\_\_\_\_