

# Company Charge Account Application

Please complete and return to us by mail or email ([Johanna@RocketDonuts.com](mailto:Johanna@RocketDonuts.com))



Date \_\_\_\_\_

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

Billing Address \_\_\_\_\_

Physical Address (if different) \_\_\_\_\_

Phone number \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_

Email \_\_\_\_\_

P.O. Required: \_\_\_\_\_no \_\_\_\_\_yes

Approved signers on charge account:

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Maximum monthly credit desired:

\_\_\_\_\_ \$100

\_\_\_\_\_ \$150

\_\_\_\_\_ \$200

\_\_\_\_\_

Anticipated Order Frequency:

\_\_\_\_\_ Weekly

\_\_\_\_\_ Bi-Monthly

\_\_\_\_\_ Monthly

\_\_\_\_\_

Special requests or requirements: \_\_\_\_\_

\_\_\_\_\_

We agree to pay our account in full every month, within 20 days of receipt of statement.

\_\_\_\_\_

Signature-- Company Representative

Printed Name