

# CHARGE ACCOUNT APPLICATION

## FABULOUS FOODS

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_ Type of Business \_\_\_\_\_

Name of Individual \_\_\_\_\_ Title \_\_\_\_\_

Bank Reference/Name of Bank \_\_\_\_\_ Bank Address \_\_\_\_\_

Bank Phone # \_\_\_\_\_ Account # \_\_\_\_\_ Contact Name \_\_\_\_\_

### AIRCRAFT INFORMATION:

Types of Aircraft	Tail Numbers	# of Passengers
1) _____	1) _____	1) _____
2) _____	2) _____	2) _____
3) _____	3) _____	3) _____

Microwave available      yes \_\_\_\_\_      no \_\_\_\_\_  
Oven available      yes \_\_\_\_\_      no \_\_\_\_\_  
Oven Tray Size \_\_\_\_\_  
Packaging requirements      Bulk \_\_\_\_\_      Individual \_\_\_\_\_      Trays \_\_\_\_\_

### BUSINESS REFERENCES:

Name of Company \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Contact \_\_\_\_\_

Name of Company \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Contact \_\_\_\_\_

Please indicate if this account should be:

Restricted to Specific Individuals: \_\_\_\_\_

(List Additional Names on Separate Page) \_\_\_\_\_

☐ Open to all Staff

Additional Information Required When Placing Order:

P.O. # \_\_\_\_\_ Client# \_\_\_\_\_ Aircraft Tail # \_\_\_\_\_

Please open a charge account as specified above. My company will comply with payment terms of net 14 days.

Name(Please Sign) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**55 Moonachie Avenue, Moonachie, New Jersey 07074**  
**Tel: 201-896-8800 Fax: 201-438-5959**