



APPLICATION FOR CORPORATE CHARGE PRIVILEGES



Name of Organization _____

Address _____

Telephone Number _____

Bank _____

Corporate Checking Account No. _____

Business References: _____

Name of individual who will be solely responsible for this account _____

Title _____ Home Address _____

Credit Terms

- (1) The total amount owing at the close of any billing period must be paid in full upon receipt of the monthly billing statement.
- (2) Finance charges will be assessed at the rate of 1.5% per month on unpaid balances.
- (3) The Management reserves the right to limit the amount of credit issued to applicant.
- (4) The management reserves the right to suspend or revoke privileges for noncompliance with House Rules or Credit Terms.
- (5) It is the applicant's responsibility to retain a copy of all charge tickets for his/her records.

Names and signatures of person authorized to use this account

Name _____

Signature _____

Name _____

Signature _____

Name _____

Signature _____

Name _____

Signature _____

Name _____

Signature _____

Name _____

Signature _____

Name _____

Signature _____

The following information must be completed and signed:

I agree that should our account with the Edgewater become 45 days past due, the entire balance, at the sole discretion of the Edgewater Management, may be charge to any one of the credit card accounts listed below:

American Express No. _____

Expiration Date _____

Visa No. _____

Expiration Date _____

MasterCard No. _____

Expiration Date _____

Signature of individual responsible for this account _____

Date _____