



Corporate Charge Account Application

Company Name: _____ Phone Number: _____

Contact Name: _____ Direct Phone Number: _____

Billing Address: _____
Address City State Zip

Fax Number: _____ Email Address: _____

Purchase Order (please check one):

- Is required
- Is not required

Please Provide (please check all that apply):

- Plates, Flatware, Napkins
- Serving Spoons

Gratuity (please check one):

- Please add a % gratuity to all orders
A 10% driver gratuity will be added to all orders unless otherwise noted

I _____ am authorized as a purchaser for the company named below. I will also make every effort to adhere to the charge policies of RestaurantsToGo. I will notify RestaurantsToGo of any changes with respect to this account. I also understand that RestaurantsToGo is issuing a charge account not a credit account. All balances must be paid in full every month. I, on behalf of the company named below agree to these terms

Full Company Name

Date

Printed Name

Signature

Please return to:
RestaurantsToGo
711 Sixth Avenue North, Suite 100, Seattle, WA 98109
Ph: 206-443-8646 Fax: 206-332-1799 Email: cs@RestaurantsToGo.com