



2315 South University Drive – Davie, Florida 33324

Store # 954.452.8202 / Fax # 954.452.3987

www.towrdeli.com / towrdeli@comcast.net

CORPORATE & BUSINESS CHARGE ACCOUNT – Information & Application Form

We thank you for choosing Tower Deli & Diner. We appreciate the opportunity to handle any and all of your Catering & Restaurant needs. “We help you to look good.”

For over 20 years, Tower Deli & Diner has provided the highest-quality, most reliable and professional catering & restaurant services to a wide range of clients throughout the State of Florida. As one of the largest catering providers in the state, we are able to offer a vast range of services for our clients to help meet your budget needs. Regardless of how large our company continues to grow and expand, we never let our size detract from our dedication to complete customer satisfaction of your every need.

We are constantly striving for new and innovative ways in which to achieve our goal of “Total Customer Satisfaction” while creating and maintaining lasting relationships with local and area businesses and clients.

Establishing an account with us is a simple and cost-effective way to manage your catering & restaurant needs. There is *no cost* in establishing an account with us and you may use this account for services as frequently as you would like. We provide all of our clients with the advantage of a 24-hour, year round, personalized service and you can rest assured that we will invariably handle you and your clients with the utmost of care and professionalism while allowing you to incorporate our services more seamlessly into your existing business. Additionally, for the protection of your business and your clients we carry a million-dollar insurance policy for all of our account holders to cover off site employee & food catering.

Again, we appreciate the opportunity to provide you and your clients with catering & restaurant services and we look very forward to a long and favorable relationship with you.

Please complete the following application, return it via fax or e-mail to 954.452.3987 or towrdeli@comcast.net, and please be sure to contact us should you have any further questions.

Sincerely,

Bennett Wajsblat & Alan Goldstein / owners of Alan & Ben, Inc. – DBA Tower Deli & Diner

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Completion of Sections A, B, and F are REQUIRED. If you would prefer you may send your own pre-printed corporate reference letters to complete Sections D and E. Upon return and approval of this completed application an account number will be assigned to you which you may refer to at any time when you contact our offices for services. Please return this completed application via fax to 954.452.3987 or e-mail towerdeli@comcast.net.

A: BUSINESS INFORMATION

Business Legal Name:		DBA:	
Billing Address:		Primary Phone:	Fax Number:
City:	State:	Zip:	Federal Tax ID:
Pickup Street Address:		State Sales Tax ID:	
Accounts Payable Contact Name:		Accounts Payable Phone:	
Accounts Payable Email Address:		Accounts Payable Fax:	

B: ADDITIONAL COMPANY INFORMATION

Nature of Business:	Type of Business: [Check One] <input type="checkbox"/> Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation Type C or S: _____ Date of Incorporation: _____ State of Incorporation: _____ <input type="checkbox"/> Limited Liability <input type="checkbox"/> State or Local Government <input type="checkbox"/> Individual Account [Requires \$150 Refundable Deposit]
Years in Business:	
Are Purchase Orders Required? [If YES: Verbal, Written or Either]	
Persons Authorized to Charge to Account:	
Anticipated Weekly Volume & Purpose of Account:	

C: CREDIT CARD INFORMATION *

Credit Card Number:	Type of Card: [Check One] <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AmEx <input type="checkbox"/> Discover	Expiration Date:
Billing Street Address:		CVV Number: [3-digit number on reverse]
City:	State:	Zip:
		Name on Card:

* **Please Note:** Credit card information is only required should this be your preferred method of payment. You should also feel free to provide this information to us via telephone or secured email. Clients submitting payment with a credit card should be sure to review our Terms & Conditions as stated in Appendix A of this application.

D: BANKING & FINANCIAL REFERENCES

Bank Name:	Account/Loan Officer:	Phone Number:
Address: [City, State, Zip]		Checking/Loan Account Number:
Bank Name:	Account/Loan Officer:	Phone Number:
Address: [City, State, Zip]		Checking/Loan Account Number:

E: TRADE REFERENCES OR SUPPLIERS

Company:	Contact Name:	Phone Number:
Street Address:	City:	State: Zip Code:
Company:	Contact Name:	Phone Number:
Street Address:	City:	State: Zip Code:

Applicant certifies that the above information is true and correct. Applicant also represents and agrees [1] that invoices are net and due (15) fifteen days from invoice date, [2] that any invoiced amounts not paid within 15 fifteen days after the date due shall bear interest at rate of 1.5% per monthly billing period from the date due until paid in full, [3] to pay any and all costs of collection (including without limitation reasonable attorney fees) incurred by Alan & Ben, Inc. – DBA Tower Deli & Diner in collecting any overdue account, [4] that you are authorizing Alan & Ben, Inc. – DBA Tower Deli & Diner to contact the above references as well as any credit reporting services or other sources in determining whether to extend credit to applicant, and to report information regarding applicant’s account. It is understood that all billing on accounts receivable and credits are processed through headquarters in Davie, Florida. If Client is paying with a major credit card, Client authorizes charges and the signature below constitutes acceptance of those charges under the terms and conditions stated below in Appendix A: Credit Card Terms & Conditions of this application.

F: APPLICANT AGREEMENT & AUTHORIZATION

Authorized Signature:	Date:
Printed Name:	Title:

APPENDIX A: CREDIT CARD TERMS AND CONDITIONS

When signed, this application will authorize Alan & Ben, Inc. – DBA Tower Deli & Diner to charge the credit card account provided in Section B for services provided including, account fees, payment of invoices, and any additional services required for completion of job(s) ordered.

Furthermore, signer agrees to personally guarantee payment to Alan & Ben, Inc. – DBA Tower Deli & Diner and or its issuing bank, the financial obligation of this invoice to pursuant to the terms and conditions of this agreement and the issuing banks agreement. Therefore this guaranty shall be binding upon the heirs, legal representatives, successors, and assigns of the guarantors, and each of them shall not be discharged or effected, in whole or in part by the death, bankruptcy, or insolvency of the guarantors, or any one or more of them. This guaranty is absolute, unconditional, and continuing payment(s) of the sums for which the undersigned becomes liable shall be made to Alan & Ben, Inc. – DBA Tower Deli & Diner or their issuing bank or its successors or assigns.

Again, Thank You for choosing Tower Deli & Diner & we appreciate the opportunity to provide you and your clients with catering & restaurant services and we look very forward to a long and favorable relationship with you.

Alan & Ben, Inc. – DBA Tower Deli & Diner - OFFICE USE ONLY		
Verified By:	Date:	Approved or Denied:
Account Number:	Account Type:	Sales Representative:
Comments:		