



725 s. Figueroa suit #1580
Los Angeles CA 90071
Tel 855-934-7335 Fax 213-457-7557
www.GeorgesGreek.com

CORPORATE ACCOUNT APPLICATION

Company _____

Tax ID _____

Address _____

Phone _____ Fax _____

Contact Person _____

Credit Amount Desired \$ _____

Credit Card Information

Credit cards are not charged unless payment is 30 days past due.

This information will be kept secure and confidential.

All invoices are due days from receipt.

Credit Card (Please circle one) VISA MC DISC AMEX

Credit Card No. _____

Name on Card _____

Expiration Month _____ Year _____

Billing Address _____

City _____ State _____ Zip _____

Accounts Payable Contact (Name, Title, Direct Phone Number)

Persons authorized to place and charge orders:

1 _____

2 _____

3 _____

Completed by: _____ Date: _____