



7800 SW Durham Rd., Ste 400
 Portland, OR 97224
 503-620-8855
info@portlandcateringcompany.com

COMPANY BUSINESS NAME: _____

COMPANY LEGAL NAME: Corporation Partnership Proprietorship

CATERING DELIVERY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

FAX: _____

EMAIL: _____

CATERING BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

FAX: _____

EMAIL: _____

ACCOUNTS PAYABLE CONTACT: _____

YEARS IN BUSINESS: _____

HOW DID YOU HEAR ABOUT PORTLAND CATERING COMPANY?

ACCOUNT REPRESENTATIVES:

(PLEASE LIST ALL PERSONNEL AUTHORIZED TO ORDER ON ACCOUNT)

NAME: _____ PHONE: _____ EXT: _____

NAME: _____ PHONE: _____ EXT: _____

NAME: _____ PHONE: _____ EXT: _____

CREDIT CARD INFORMATION (REQUIRED):

(*Please note that all delinquent payments on your account- 60 days overdue- will be charged to the credit card listed below.)

CARD TYPE: VISA MASTER CARD AMERICAN EXPRESS

CARD NUMBER: _____ EXP: _____

NAME ON CARD: _____

AUTHORIZING SIGNATURE: _____

CREDIT REFERENCES:

1) COMPANY NAME: _____ PHONE: _____

2) COMPANY NAME: _____ PHONE: _____

3) COMPANY NAME: _____ PHONE: _____

BANK INFORMATION:

BANK NAME: _____ CONTACT: _____

ACCOUNT NUMBER: _____

BANK ADDRESS: _____

PHONE: _____ FAX: _____

TERMS: NET DUE 15 DAYS UPON CREDIT APPROVAL. INTEREST AT 2% PER MONTH WILL BE CHARGED ON OVERDUE ACCOUNTS.

I/ WE AGREE TO AUTHORIZE PORTLAND CATERING COMPANY TO OBTAIN NECESSARY CREDIT INFORMATION THROUGH THE REFERENCES PROVIDED.

I/WE GUARANTEE PAYMENT IN ACCORDANCE WITH THE TERMS STATED IN THIS CREDIT APPLICATION.

SIGNATURE: _____

NAME & TITLE: _____

DATE: _____