

569DINE.COM

House Account Information

Company Name: _____

Address: _____

Zip Code: _____ Phone Number: _____

Billing Contact: _____ Billing Contact Phone Number: _____

Billing Contact Email Address: _____

Authorized Users with their Phone Numbers:

1) _____ () _____

2) _____ () _____

3) _____ () _____

4) _____ () _____

5) _____ () _____

References:

Bank: _____

Vendor 1: _____

Vendor 2: _____

Credit terms are net 30. All invoices over 30 days are subject to 1.5% per month service fee (18% APR). Returned check fee is \$25. Statements of Accounts are mailed Semi- monthly for your review.

Signature of Officer or Authorized Person

Fax this form to (314) 569-4203 Questions? Please call (314) 569-3463 option 0 then 1

Make Checks Payable To: **569DINE**
10151 Corporate Square Drive, Suite 102
St. Louis, MO 63132

