

# Café Manhattan

35 West 45th Street New York, NY 10036

Tel: 212-921-1515

Fax: 212-921-1587

## CORPORATE CHARGE APPLICATION

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

FLOOR/ROOM# \_\_\_\_\_

BILLS TO THE ATTENTION OF \_\_\_\_\_

BUSINESS STRUCTURE: YEARS IN BUSINESS \_\_\_\_\_

CORP     PARTNERSHIP     SOLE PROPRIETORSHIP

PRINCIPAL'S NAME \_\_\_\_\_

TEL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

### TRADE REFERENCE:

1. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

2. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

