



Morton Williams Supermarkets

APPLICATION FOR **CORPORATE** CHARGE ACCOUNT

BUSINESS INFORMATION					
Typical Morton Williams Store					
Name of Business					
Street Address					
Floor / Department					
City		State		Zipcode	
Main Telephone				Main Fax	
In Business Since (Year)			Estimated food purchases per month (\$)		
Name of President					
Type of Business	<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation
IF A SOLE PROPRIETORSHIP OR PARTNERSHIP, PLEASE FILL BELOW					
Owner's Name			Social Security Number		
Owner's Address					
CONTACT INFORMATION					
Primary Contact / Title				Primary Phone	
Accounting Contact / Title				Accounting Phone	
REFERENCES					
TYPE	NAME / CONTACT		ADDRESS, PHONE		
Bank					
Business					

Terms and conditions: statements are issued on a monthly basis and are payable in full upon receipt by check or cash. Late charges of 1.5% per month apply. We may request and report credit information as needed.

Credit Card customers may fill in additional information below. You authorize Morton Williams Associated Supermarkets to automatically charge your credit card account monthly for the amounts due each month.

Name on Card

Signature

Date

Payment Method (Check one) ☐ Check/Cash ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number, if applicable _____ Expires Month/Yr _____

Please FAX Application to 718-364-7664, attention "Charge Accounts" or scan a PDF to virginia@mortonwilliams.com