



## Morton Williams – The Fresh Marketplace

### APPLICATION FOR PERSONAL CHARGE ACCOUNT

Morton Williams Store Typically Shop At							
<b>PERSONAL INFORMATION</b>							
<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	First Name		Middle Initial		Last Name	
Social Security Number				Estimated Monthly Food Purchases			
Spouse's Name							
Street Address and Apartment							
City		State		Zipcode			
Years at This Address				Years at Previous Address			
Previous Full Address							
Home Telephone				Work Telephone			
<b>EMPLOYMENT INFORMATION</b>							
Your Employer				Title		Years There	
Full Address					Telephone		
Spouse's Employer				Title		Years There	
Full Address					Telephone		
<b>REFERENCES</b>							
TYPE	NAME	ADDRESS			ACCOUNT #		
Bank-checking							
Bank-savings							
Credit card		Issuer:					
Have you ever received credit from us?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Store:			
<b>OTHER AUTHORIZED USERS</b>							
RELATIONSHIP	NAME						

*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.

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**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](mailto:virginia@mortonwilliams.com)**