

# HOUSE CHARGE ACCOUNT CREDIT APPLICATION



Business Information			
Name of Business:		Your Name:	
Phone:	Fax:	Email Address:	
Business Address:		City:	ST: Zip:
Nature of Business:			

Billing Information			
Billing Account Contact:		Title:	
Billing Phone:		Billing Fax:	
Billing Address:		City:	ST: Zip:

Financial Information			
Name of Bank:		Branch:	Tax ID Number:
<b>Two Credit References</b>			
Name:		Phone:	Fax:
Address:		City:	ST: Zip:
Name:		Phone:	Fax:
Address:		City:	ST: Zip:

Direct All Inquiries to: Susie Bachtell  
5401 S. Sheridan, #301  
Tulsa, OK 74145  
918-742-3463 voice  
918-742-3405 fax

Applicant Signature

Date

Print Name

Applicant represents that the foregoing information contained in this Credit Application is true and correct and that Dining Express Delivery, Inc. dba 742-DINE, may totally rely on same and Applicant hereby authorizes the references given to verify such data.

Applicant authorizes Dining Express Delivery, Inc. dba 742-DINE to check Applicants credit history and provide information to involved parties. It is further understood and agreed that Dining Express Delivery, Inc. dba 742-DINE may at its sole discretion reject or approve this Credit Application.