



1 East 43<sup>rd</sup> Street  
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**APPLICATION FOR COMPANY CHARGE ACCOUNT**

*Business Name:*

\_\_\_\_\_

*D/B/A (if applicable):*

\_\_\_\_\_

*Address:*

\_\_\_\_\_ *Room/Suite* \_\_\_\_\_

*Accounts Payable Dept. Phone No.:*

\_\_\_\_\_

*Person Authorized to Pay Bills:*

\_\_\_\_\_

*Corporate Card No.:*

\_\_\_\_\_ *Exp. Date* \_\_\_\_\_

*Authorized Signatures*

*Print Name/Position Title*

*Signature*

\_\_\_\_\_  
\_\_\_\_\_

*Please Pay Promptly*