

RESTAURANTS ON THE RUN

27432 Aliso Creek Rd. Suite 200 Aliso Viejo, CA. 92656

www.rotr.com

House Account Application

Deferred billing account

Fax to (949) 951-7220 Accounting Dept.

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Estimate your monthly expenditures at ROTR \$_____.

Estimate your average order size in \$ or number of people_____.

Company Contact Information: (Mandatory to open account)

* **ADMINISTRATIVE CONTACT**
(for authorized user approvals)

E-mail address

Desk Phone

Fax

* **ACCTS. PAYABLE CONTACT**
(where to direct billing)

E-mail address

Desk Phone

Fax

* **CFO or Finance Manager**

E-mail address

Desk Phone

Fax

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN WHERE INDICATED:

TERMS: PAYMENT TERMS OF THIS AGREEMENT ARE “NET 15” DAYS (AFTER DAY OF FOOD DELIVERY). A 5.00% SERVICE FEE IS INCLUDED ON EACH ORDER in addition to the delivery fee.

GRATUITY: For Billing Convenience we include the minimum 15% gratuity on each order. Please use this space to indicate an increase in the amount of gratuity you wish to include on each order.

_____ %

Authorized signatory of Company Officer

title

date

Billing Information

Payment terms are Net 15 Days

INVOICES will be e-mailed to the A/P contact that you have listed on this application on a daily basis. Statements are e-mailed weekly. Please contact our accounting office if you are not receiving your billing.

AUTHORIZED USER LIST:

(attach a separate sheet if more space is needed)

name

desk phone

e-mail address

fax number

name

desk phone

e-mail address

fax number

Bank & Credit References

A Prepared Reference sheet may be attached to application

Federal Tax ID: _____

Dunn & Bradstreet # _____

Bank Name: _____

Location: _____

References

Company _____

Address _____

City _____ State _____ Zip _____ Phone _____

Company _____

Address _____

City _____ State _____ Zip _____ Phone _____

Company _____

Address _____

City _____ State _____ Zip _____ Phone _____

