



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**