



**Morton Williams Supermarkets**  
**APPLICATION FOR CORPORATE CHARGE ACCOUNT**

BUSINESS INFORMATION					
Typical Morton Williams Store					
Name of Business					
Street Address					
Floor / Department					
City		State		Zipcode	
Main Telephone				Main Fax	
In Business Since (Year)				Estimated food purchases per month (\$)	
Name of President					
Type of Business	<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation
IF A SOLE PROPRIETORSHIP OR PARTNERSHIP, PLEASE FILL BELOW					
Owner's Name			Tax ID Number		
Owner's Address					
CONTACT INFORMATION					
Primary Contact / Title				Phone	
Email Address					
REFERENCES					
TYPE	NAME / CONTACT	ADDRESS, PHONE			
Bank					
Business					

*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.

**Name on Card**

**Signature**

**Date**

Payment Method (Check one)  Check/Cash  Visa  MasterCard  American Express  Discover

Credit Card Number \_\_\_\_\_ Security Code \_\_\_\_\_ Zipcode \_\_\_\_\_ Exp Month/Year \_\_\_\_\_

**Please FAX Application to 718-364-7664, attention "Charge Accounts" or email to [rosemary@mortonwilliams.com](mailto:rosemary@mortonwilliams.com)**