

# Application for Jarosch Bakery Company Charge Account

Today's Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Parent Corporation: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Billing Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_

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

Person Responsible for Ordering: \_\_\_\_\_

Name Phone Fax

Person Responsible  
for Issuing Payment: \_\_\_\_\_  
Name Phone Fax

Would you prefer to receive a monthly statement? \_\_\_\_\_ OR \_\_\_\_\_  
Yes No

OR

Would you prefer to pay directly from each invoice? \_\_\_\_\_ OR \_\_\_\_\_  
Yes No

In the space below, please list the names and phone numbers of three Credit References. (preferably small local companies who provide similar services, i.e. caterers, coffee vendors, office supplies, cleaning services, etc.)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_\_

Please allow 2 weeks after we receive your information to process and open your account. Before placing your first order, please confirm that an account has been successfully opened. To confirm your account, please ask for Beverly Tipps, Ken Jarosch, or Kathy Jarosch. (847) 437-1234

Thank you for expressing interest in our Bakery.

Jarosch Bakery  
35 Arlington Heights Rd.  
Elk Grove Village, IL 60007  
Fax: (847) 437-1268  
www.JaroschBakery.com