

ORGANIQUE

Corporate Account Application

Date: / /

Company Name:	Tel:	Ext:
Contact:	Fax:	E-Mail:
Address:		

Accounts Payable Contact:		
Tel:	Fax:	E-Mail:

Method of Payment- Credit Card:

Credit Card #	Name on the card:	Exp. Date:

Please include the credit card copy. OR

Method of Payment- Check:

Years in Business:		
Bank Reference:		
Account No.:	Tel:	Ext:

Business Reference:		
Contact:	Tel:	Ext:

Business Reference:		
Contact:	Tel:	Ext:

Terms:

Each month, you will be billed for the previous month. Payment is due within 10 days of receipt of the statement.

There will be a 1.5% monthly finance charge added to each account that is past due.

By signing each invoice, the applicant agrees to pay the amount to Organique.

The applicant represents that he/she has the authority to contract for the applying firm.

I HAVE READ AND AGREE TO THE TERMS ABOVE.

Name:	Title:	Date:
Signature:		

Please indicate if your account should be:

OPEN or RESTRICTED to the specific individuals listed below:

Please send form to:
Organique
110 E 23rd Street, New York, NY 10010
Attn: Corporate Accounts

Or fax to: 212-674-2254