

# House Account Application

Please complete this application and fax to Jose at **(202) 833-3287**.

## Company Information

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

Please estimate your monthly expenditures at Aroma: \_\_\_\_\_ .

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

## Contact Information

Company Contact \_\_\_\_\_ Email \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Desk Phone Fax

Accounts Payable Contact \_\_\_\_\_ Email \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Desk Phone Fax

Please provide the following information if your Accounts Payable Office is out of the local area.

\_\_\_\_\_  
Contact Email

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

Should billing be directed to this alternate office? (Check one) Yes No

**PLEASE READ THE FOLLOWING CAREFULLY  
AND SIGN WHERE INDICATED:**

**TERMS:** PAYMENT TERMS OF THIS AGREEMENT ARE "NET 15" DAYS.

**GRATUITY:** FOR BILLING CONVENIENCE WE INCLUDE THE 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.

Gratuity: \_\_\_\_\_ % **Please Sign & Date Here:** \_\_\_\_\_

**Billing Information**

Statements will be e-mailed to the A/P contact that you have listed on this Application every 15<sup>th</sup> & 30<sup>th</sup> of the month. Individual invoices can be received daily or weekly to A/P Department or to the person who placed the order. Please check the appropriate choice:

\_\_\_\_\_ Daily                      \_\_\_\_\_ Accounts Payable Department  
\_\_\_\_\_ Weekly                      \_\_\_\_\_ Person placing the order\*\*

\*\* Please be sure the email addresses are listed for each authorized user on the account!!

**Authorized User List**

(Attach a separate sheet if more space is needed)

\_\_\_\_\_  
**Authorized User Name** \_\_\_\_\_ Email  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Desk Phone Fax

\_\_\_\_\_  
**Authorized User Name** \_\_\_\_\_ Email  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Desk Phone Fax

\_\_\_\_\_  
**Authorized User Name** \_\_\_\_\_ Email  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Desk Phone Fax

**Bank & Credit References**

A Prepared Reference sheet may be attached to this application.

Federal Tax ID: \_\_\_\_\_ Bank Name: \_\_\_\_\_  
Location: \_\_\_\_\_

**References**

#1 \_\_\_\_\_ ( ) \_\_\_\_\_  
Company Phone

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#2 \_\_\_\_\_ ( ) \_\_\_\_\_  
Company Phone

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Aroma Indian Restaurant  
1919 I Street, NW  
Washington, DC 20006  
(202) 833-4700  
[www.aromarestaurant.com](http://www.aromarestaurant.com)