

Capital Fresh, Inc.  
1905 Brentwood Rd NE  
Washington, D.C. 20018



Tax ID: 37-1560862  
Phone: (202) 248-0389  
Fax: (202) 248-1263  
E-mail: iryna@mgmroastbeef.com

## Credit Application

Company Name (Full): \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Corporation Headquarters address: \_\_\_\_\_  
(if different from billing address)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Ownership: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship  
\*\*\*Attach W-9

Sales Tax Exemption #: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_  
Copy of Sales Tax Exemption Certificate must accompany this application.

### Name(s) of Corporate Officers

_____ Name	_____ Title
_____ Name	_____ Title

### Accounts Payable Contact

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Credit Card # for Hold: Card Number \_\_\_\_\_ Expire Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Banking Affiliation(s) \_\_\_\_\_  
Branch: \_\_\_\_\_ Acct #: \_\_\_\_\_  
Banker: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Credit References: Please supply three (3). LOCAL Trade references are preferable. Please note that major corporations do not give out credit references.

Company: _____	Company: _____	Company: _____
Address: _____	Address: _____	Address: _____
City: _____	City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____	State: _____ Zip: _____
Phone #: ( ) _____	Phone #: ( ) _____	Phone #: ( ) _____
Fax #: ( ) _____	Fax #: ( ) _____	Fax #: ( ) _____
Contact Name: _____	Contact Name: _____	Contact Name: _____
Length of Relationship: _____	Length of Relationship: _____	Length of Relationship: _____

**TERMS AND CONDITIONS:** MGM Roast Beef catering terms are Net30, please process all invoices at time of delivery. MGM Roast Beef has the right to terminate the account for any reason, including late payments. Credit card supplied for HOLD purpose will be charged for all accounts over 60 days. In addition, customer agrees to pay any attorney's fees and court costs incurred in collecting amounts.

By signing this application the above mentioned company has supplied all information to the best ability and agrees to all statements.

_____ Name of Officer	_____ Title	_____ Date
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