

10800 NW 106<sup>TH</sup> STREET, SUITE 12 MIAMI, FL 33178

## NEW ACCOUNT APPLICATION FORM

ACCOUNT EXECUTIVE NAME					
COMPANY INFORMATION					
LEGAL NAME					
TRADE NAME/DBA					
TYPE OF BUSINESS		DUNS #			
ARE YOU TAX EXEMPT OR A RE-SELLER? (Y/N)		S, PLEASE ATT. TFICATE	ACH A COPY	OF YOUR TAX EXE	MPT OR RE-SALE
COMPANY ADDRESS					
BILL TO ADDRESS					
CITY	STATE			ZIP CODE	
COUNTRY	PHONE #			FAX#	
CONTACT NAME	·	EMAIL			
SHIP TO ADDRESS					
SHIP TO NAME					
CITY	STATE			ZIP CODE	
COUNTRY	PHONE #			FAX#	
CONTACT NAME		EMAIL			
FREIGHT FORWARDER NAME			PHC	ONE#	
COMPANY CONTACTS			1	1	
MAIN BUSINESS CONTACT					
CONTACT NAME			TITLE		
EMAIL			PHONE #		
HIPPING / RECEIVING DEPARTME	NT				
CONTACT NAME			TITLE		
EMAIL			PHONE #	<i>‡</i>	
RECEIVING HOURS			1		
Do you require a lift gate?  Yes No Yes Yes	require inside delivery?				

ACCOUNTS PAYABLE DEPARTMENT				
CONTACT NAME	TITLE			
EMAIL	PHONE #			
Would you like to receive your invoices via email?  Yes ☐ No ☐ Email(s) for invoices (1)	(2)			
Are you an Avendra Customer?				
Yes No I If so please provide your Avendra Code:_				
PURCHASING DEPARTMENT				
CONTACT NAME	TITLE			
EMAIL	PHONE #			
TRADE REFERENCES: LIST NAME, PHONE NUMI	BER, AND CONTACT NAME			
REFERENCE 1				
REFERENCE 2				
AS AN AUTHORIZED SIGNATORY I:				
CERTIFY THAT I AM AUTHORIZED SIGNATORY AND AM AU     CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TO	THORIZED TO COMMIT MY ORGANIZATION TO A BINDING AGREEMENT, AND FURT	HER		
	YOUR COMPANY TO VERIFY CREDIT WORTHINESS BY CONTACTING THE REFERENCE	lS		
SUBMITTED.				
	ERMS (NET 30 DAYS) ON ALL INVOICES UNLESS OTHERWISE AGREED IN WRITING. yt is past due, harbor linen llc. dba 1concier may hold orders until the t	TME		
THE ACCOUNT IS CURRENT.				
	DLLECT PAST DUE AMOUNTS, HARBOR LINEN LLC. DBA 1CONCIER SHALL BE ENTITLEI	OT C		
	S, LEGAL INTEREST, COLLECTION COSTS AND A REASONABLE ATTORNEY'S FEE. ORTH AT ICONCIER.COM/TERMS, WHICH APPLY TO ALL HARBOR LINEN LLC. DBA 1CO	NCIER		
SIGNATURE				
	DATE:			
TRIVE INTERIOR	DATE:			
IF YOU ANITICPATE REQUIRING A CREDIT LI	MIT GREATER THAN \$10,000 WITH OUR COMPANY, THIS SECT	ION		
MUST BE COMPLETED AND S	SIGNED BY AN AUTHORIZED BANK SIGNATORY			
BANK INFORMATION				
BANK NAME				
ADDRESS				
TYPE OF ACCOUNT	ACCOUNT #			
CONTACT	PHONE #			
NAME OF COMPANY:				
	DATE:			