



Corporate Charge Account Application

Company Name: _____ Phone Number: _____

Contact Name: _____ Ext: _____

Billing Address: _____

Fax number: _____ City _____ State _____ Zip _____
Email Address: _____

Gratuity:

Please add a _____% gratuity to all orders

A 10% gratuity will be added to all orders unless otherwise noted

I, _____, am authorized as a purchaser for the company named below. I will also make every effort to adhere to the charge policies of I'm Hungry, LLC. I will notify I'm Hungry, LLC. of any changes with respect to this account. I also understand that I'm Hungry, LLC. is issuing a charge account not a credit account. All balances must be paid in full every month. I, on behalf, of the company named below agree to these terms.

Full Company Name

Date

Printed Name

Signature

Please return to:

I'm Hungry, LLC.

P.O. Box 1253 Sheboygan, WI 53082

Phone 920-783-6737 Fax 920-208-5178 Email imhungry@charter.net

www.imhungrydelivery.com