

INDUSTRY ACCOUNT PACKET

Please complete the following information and submit via email or fax to:

e. newaccounts@ltlinen.com *f.* 707.257.3386

This form is created in Adobe Acrobat format. In order to use this form, you will need to DOWNLOAD and INSTALL Adobe Acrobat Reader.

Welcome to La Tavola, we look forward to working with you!

In order to accurately process your orders, and give you the best service possible, we require all new industry clients to fill out this packet completely. This consists of:

Industry Account Information & Industry Account Terms & Conditions

At La Tavola, we offer “account holder” status to licensed industry professionals only, though we do also rent to the general public. Upon approval, industry account holders are eligible to receive a discount. We also keep your billing information on file, and give you the option of opening a line of credit with us, to make ordering easier.

We do reserve the right to review and determine your industry professional status according to the following guidelines. An industry professional is a licensed:

**Caterer • Coordinator • Corporate Events Department • Destination Management Company
Event Venue • Florist • Hotel • Restaurant • School**

Other professionals may qualify upon review of this application. If you have any questions, please contact us at **707.383.3337**.

Thank you for requesting an industry account with us! We are honored to work with you and look forward to providing seamless, high-quality service.

LA TAVOLA

FINE LINEN RENTAL

INDUSTRY ACCOUNT INFORMATION

We require all new industry accounts to fill out the form completely.

BILL TO:

Company Name: _____

(if operating under a dba include full company name)

Billing Contact: _____

Billing Address: _____

Telephone: _____

Fax: _____

Email: _____

Website: _____

Years in Business: _____

Federal Tax ID: _____

Please attach copy of Reseller's License (if applicable)

ACCOUNT PREFERENCE: (select one)

Issue 10% commission check quarterly, no discount on invoice

Industry discount applied to all invoice

BUSINESS IS A:

Proprietorship Partnership Corporation

TYPE OF COMPANY:

Caterer DMC Hotel

Coordinator Event Venue Restaurant

Corporate Events Florist School

Other _____

DELIVERY INSTRUCTIONS:

ORDER CONTACTS:

Name: _____

Telephone: _____

Cell Phone: _____

Fax: _____

Email: _____

Name: _____

Telephone: _____

Cell Phone: _____

Fax: _____

Email: _____

PRIMARY SHIP TO ADDRESS:

Company Name: _____

(if operating under a dba include full company name)

Onsite Contact: _____

Address: _____

(cannot _____

ship to _____

PO Boxes) _____

Telephone: _____

Fax: _____

Email: _____

Special Instructions: _____

Electronic Signature _____ Date _____

By typing my signature here, I certify that I have the authority to request the above payment terms and be billed for services according to the conditions stated here without dispute. I certify the above information to be accurate and authorize La Tavola to use this information in establishing our industry account.

LA TAVOLA

FINE LINEN RENTAL

INDUSTRY ACCOUNT PAYMENT TERMS & CONDITIONS

REQUESTED PAYMENT TERMS:

(choose one)

Pre-Pay by Credit Card If you have selected this option, please fill out a Credit Card Authorization form which can be kept on file (required). If you would like us to bill your client's card directly, please also submit a Credit Card Authorization form with each order.

Net 30 If Net 30 credit is selected, please complete attached credit application. The first order on new Net 30 accounts will be charged to your credit card. Credit requests are subject to approval.

NET 30 ACCOUNTS: For Net 30 terms, we will contact other companies in the special events industry with whom you currently have an established line of credit as well as your bank reference. If you would like us to charge your credit card per order, you do not need to provide these.

**INDUSTRY
REFERENCES:**

Company Name: _____
Contact/Phone: _____
Fax or Email: _____

Company Name: _____
Contact/Phone: _____
Fax or Email: _____

Company Name: _____
Contact/Phone: _____
Fax or Email: _____

**BANK
REFERENCE:**

Name: _____ Account # _____
Address: _____
City, State, Zip _____ Telephone: _____

Electronic Signature _____ Date _____

By typing my signature here, I certify that I have the authority to request the above payment terms and be billed for services according to the conditions stated here without dispute. I certify the above information to be accurate and authorize La Tavola to use this information in establishing our industry account.