

FORM:	COMMERCIAL HOUSE ACCOUNT FORM
SCOPE:	<i>TO SET-UP COMMERCIAL HOUSE ACCOUNT FROM GO FRESH HOSPITALITY</i>



COMPANY NAME: _____

COMPANY ADDRESS: _____

PHONE NUMBER: _____

CONTACT PERSON: _____ **POSITION:** _____

EMAIL ADDRESS: _____

APPLICANT'S SIGNATURE: _____
PRINTED NAME & SIGNATURE

DATE SIGNED: _____

REQUESTED PURCHASE LIMIT: _____

OFFICE USE ONLY:

OFFICE ADMIN SIGNATURE FOR APPROVAL: _____

DATE PROCESSED : _____

ASSIGNED USERNAME: _____

ASSIGNED PASSWORD: _____

PAYMENT TERMS: _____

DOC: GFH COMMERCIAL HOUSE ACCOUNT FORM	REVISION: 01	ISSUED: MAY 26, 2020
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