



Strokos - 1090 Amsterdam ave. N.Y N.Y 10025  
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Strokos - 1121 St. Nicholas ave. N.Y N.Y 10032  
Tel: 212.927.1171 Fax: 212.927.1170 email: [strokos166@gmail.com](mailto:strokos166@gmail.com)

www.strokos.com

Towers Cafe (In Harlem Hospital)- 506 Lenox ave. N.Y N.Y 10037  
Tel: 212.939.4521 Fax: 212.926.8802 email: [towerscafe135@gmail.com](mailto:towerscafe135@gmail.com)

### Charge Account Application

Please fill out this application carefully. Incomplete applications will not be processed

#### Company/Dept Information

Company Name: \_\_\_\_\_ Dept: \_\_\_\_\_

Address: \_\_\_\_\_ Floor/Rm: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Persons: \_\_\_\_\_ Title: \_\_\_\_\_

Name of responsible party other than  
above: \_\_\_\_\_

#### Accounts Payable Department

Checks payable to: **Strokos Gourmet** or **Towers Cafe.**

Account # or P.O # \_\_\_\_\_

Contact persons: \_\_\_\_\_ Phone: \_\_\_\_\_

(please mail in checks or any form of payment to location order was placed)

Name of person(s) authorized to use this charge account:

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Phone/

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ apt/suite/floor \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

A credit card is required for security in the event of a default. PLEASE NOTE: By signing below you are authorizing a charge to your credit card for monies owed to Strokos/Towers that age beyond 60 days.

Credit Card Type: (Visa) (MasterCard) (Amex) Card # \_\_\_\_\_

Exp Date: \_\_\_\_\_ Name as it appears on card: \_\_\_\_\_

Signature os card holder: \_\_\_\_\_

PLEASE NOTE THAT PAYMENTS ARE DUE UPON RECEIPT OF BI-WEEKLY STATEMENTS