



Charge Account Application Information

Food Bank of the Rockies (FR) members may elect to apply for a charge account. The member agency will be responsible for all agency receipts (invoices) charged by approved pick up individuals. FBR will send a monthly statement of each account to the member agency. The member agency is expected to maintain accurate records of charges incurred and payments made on each account in case of a discrepancy. **A** copy of all agency receipts for food received from FBR must be kept at the agency site for a period of three years.

The member agency will pay for all charges incurred in any particular month by the 15th day of the following month. Member agency agrees to pay by agency receipt (invoice) number. If **an** account is delinquent, FBR may suspend the member's privileges of receiving food. **A** predetermined credit limit may be established, and may be changed at any time by FBR. **Any overdue balances may be sent to collections.**

Food Bank of the Rockies reserves the right to discontinue charging privileges for any member.

- **Must** have **one bank account**, complete with account number, street, address, city, state, zip, phone, and contact.
- **Credit References:** four credit references are needed. **Must have a minimum of two credit references that are either loans (not with above mentioned bank) or charge accounts that aren't utility companies.**
- **Signature: must be an officer or director of the 501(c)3**
- **Address: must include** city, state, zip, and phone should include fax/email if available.
- **Contact person** can be whomever we should contact in the event there is a problem with the account. Usually this is the bookkeeper or director.

**Wyoming Food Bank of the Rockies
Charge Account Application**

Agency Information:

Agency number _____ Agency name _____

Director (print) _____ Accounting contact (print) _____

Street address: _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Bank information:

Bank _____ Contact _____ Phone _____

Street address: _____ City _____ State _____ Zip _____

Checking: Yes No Acct no: _____ Savings: Yes No Acct no: _____

Credit references (need four):

Vendor _____ Vendor _____

Account number _____ Account number _____

Street address _____ Street address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone number _____ Phone number _____

Vendor _____ Vendor _____

Account number _____ Account number _____

Street address _____ Street address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone number _____ Phone number _____

I/we authorize Food Bank of the Rockies to conduct a credit inquiry and authorize the References listed above to release to Food Bank of the Rockies information related to my/our account.

Authorized Representative-Agency

Print Name _____

Title _____

Signature _____

**Incomplete forms will not be processed*

****FBR use only for Approval****

Credit limit _____

Approved by _____

Title _____

Date of approval _____
