



Food Bank of the Rockies Charge Account Application

Information:

Food Bank of the Rockies Hunger Relief Partners may elect to apply for a charge account. The partner will be responsible for any receipts (invoices) charged by approved pick-up individuals. Food Bank of the Rockies will send a monthly statement for each account to the partner. Partners are expected to maintain accurate records of charges incurred and payments made on each account in case of discrepancy. A copy of all receipts for food received from Food Bank of the Rockies must be kept at the partner site for a period of 3 years.

Terms:

The Hunger Relief Partner will pay for all charges incurred in any particular month by the 15th day of the following month. Partners agree to pay by receipt (invoice) number. If an account is delinquent Food Bank of the Rockies may suspend the partner's privileges of receiving food. A predetermined credit limit may be established and may be changed at any time by Food Bank of the Rockies. **Any overdue balances may be sent to collections.**

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

Check this box if you have read and agree to these terms.

Application Requirements:

- Incomplete applications will not be processed.
- Must have one bank account, complete with the account number, street address, phone email, and person of contact. 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.
- Four credit references are required. Must have a minimum of two credit references that are either loans (**not with the above-mentioned bank**) or **charge accounts that are not utility companies.**
- Signature must be an officer or director of the 501(c)3

Email the completed form to:
partnersolutions@foodbankrockies.org



Application

Support Partner Information:

Partner's Agency Number (Axxx-x): _____

Partner Organization Name: _____

Director Name (Print): _____

Accounting Contact Name (Print): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Bank Information:

Bank: _____ Contact: _____ Phone: _____

Street Address: _____ City: _____

State: _____ Zip: _____

Checking Account Yes/No: _____ Savings Account Yes/No: _____

Account Number: _____



Credit References (4 Required):

Company Name: _____

Account Number: _____

Street Address: _____

City: _____ State: ____ Zip: _____

Phone Number: _____

Company Name: _____

Account Number: _____

Street Address: _____

City: _____ State: ____ Zip: _____

Phone Number: _____

Company Name: _____

Account Number: _____

Street Address: _____

City: _____ State: ____ Zip: _____

Phone Number: _____

Company Name: _____

Account Number: _____

Street Address: _____

City: _____ State: ____ Zip: _____

Phone Number: _____

I/We authorize the Food Bank of the Rockies to conduct a credit inquiry and authorize the references listed above to release to the Food Bank of the Rockies information related to my/our account. I/We further agree to all terms and conditions listed on this form.

Name: _____

Title: _____

Signature: _____

Date: _____

Incomplete applications will not be processed

Internal Use Only

Credit Limit: _____

Approved by: _____

Title: _____

Date of approval: _____