



THE SERVICE
COMPANIES

New Client Info Form

Date: 9/4/19

COMPANY INFORMATION:

Company Name: Bumblebee Catering Website: _____

Type of Company:

- ☐ Conference Planner
- ☐ Event Production
- ☐ Food Production or Demo
- ☐ Education
- ☒ Event Facility
- ☒ Caterer
- ☐ Restaurant
- ☐ Corporate Cafeteria
- ☐ Organization: _____

LOCATION

Please provide venue name, address and specific meeting room or check in procedure:
OPEN

Are there parking options? _____

STAFFING NEEDS

Select the positions you are likely to need at some point:

- ☐ Concierge/Information Clerk
- ☐ Registration Cashiers/Customer Service
- ☐ Materials Production
- ☐ Room/Line Monitors
- ☐ Event Help
- ☐ Other _____

Uniform or Attire:

What dress code would best be suited to the event or assignment?
OPEN

What dress code would best be suited to the event or assignment?
OPEN

CONTACTS

Primary Contact (we will email timesheets to this contact before each job)

Printed Name: Rashad ABDUL Position: OWNER
Phone: (714) 948-6114 Cell: _____ Fax: _____
Address: 350 Clinton Ave City: COSTA MESA Zip: 92606
Email: DumpleBeeCatering@gmail.com

Invoice Contact

We email invoices to save paper, but if you prefer another method please indicate:
☒ Email is perfect ☐ Prefer fax ☐ Prefer postal mail

☐ same as above info

Printed Name: Same Position: _____
Phone: _____ Cell: _____ Fax: _____
Address: _____ City: _____ Zip: _____
Email: _____

Other Contacts

If there are others in your office who may place orders on this account please indicate:

1) Printed Name: _____ Position: _____
Phone: _____ Cell: _____ Fax: _____
Email: _____

Term of Agreement: The Agreement may be terminated by either party upon 30 days written notice to the other party, except that, if a party becomes bankrupt or insolvent, discontinues operations, or fails to make any payments as required by the Agreement, either party may terminate the agreement upon 24 hours written notice. No provision of this Agreement may be amended or waived unless agreed to in writing signed by the parties.

Authorized representatives of the parties have executed this Agreement below to express the parties' agreement to its terms. The provisions of this Agreement will inure to the benefit of and be binding on the parties and their respective representatives, successors, and assigns.

Bumble Bee Catering
CLIENT

Signature

Printed Name

Title

Date

RASHID ABDUL

OWNER

9-3-19

STAFFING FIRM: ACROBAT OUTSOURCING

Signature

Printed Name

Title

Date

ADAM GUERRA

SENIOR OPERATIONS MANAGER

9/4/19

Agreement Provided By: Lisa Powers



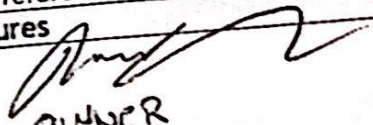

THE SERVICE
COMPANIES

SERVICE. ABOVE ALL

Credit Application for a Business Account

Business Contact Information			
Title: <u>OWNER</u>			
Company name/DBA: <u>BUMBLEBEECATERING</u>		Email:	
Phone: <u>714 9486114</u>	Fax:		
Registered company address: <u>350 CLINTON ST</u>		State: <u>CA</u>	ZIP Code:
City: <u>COSTA MESA</u>			
Date business commenced: <u>2-4-2008</u>		Corporation:	Other:
Sole proprietorship: <input checked="" type="checkbox"/> Partnership:			
Business and Credit Information			
Primary business address: <u>Same</u>		State:	ZIP Code:
City:			
How long at current address? <u>6 years</u>		E-mail:	
Telephone:	Fax:		
Bank name: <u>PNC BANK</u>		Phone:	ZIP Code: <u>15629</u>
Bank address: <u>240 CENTER ST</u>		State: <u>PA</u>	
City: <u>PITTSBURGH</u>			
Type of account:	Account number		
Savings	<u>48764200837</u>		
Checking			
Other			
Business/Trade References			
Company name:		ZIP Code:	
Address:		State:	
City:	E-mail:		
Phone:	Fax:		
Type of account:			
Company name:		ZIP Code:	
Address:		State:	
City:	E-mail:		
Phone:	Fax:		
Type of account:			
Agreement			
1. All invoices are to be paid 30 days from the date of the invoice.			
2. Claims arising from invoices must be made within seven working days.			

14750 NW 77th Court, Suite 100 | Miami Lakes, FL 33016
T 305.681.8800 • F 305.681.8804 • theservicecompanies.com

3. By submitting this application, you authorize Acrobat Outsourcing, a wholly-owned subsidiary of The Service Companies, Inc., to make inquiries into the banking and business/trade references that you have supplied.	
Signatures	
 Title: OWNER Date: 9-3-19	 Title: SENIOR OPERATIONS MANAGER Date: 9/4/19



THE SERVICE
COMPANIES

SERVICE. ABOVE ALL

Credit Card Billing Authorization Form

Credit Card Billing Information

Company name / DBA: BumbleBee

Authorized Signer: RASHAD ABDUL

Credit Card Type:

Visa: ☒
MasterCard ☐
Amex ☐
Discover/Novus ☐
Other, please specify:

Credit card number: 4001230011401588

Last 3 digits from back of card:

Enter CVC Number 222

222

Expiration Date: 07/22

Billing Address: 8236 CANTERBURY way

City: BUENA PARK

State/Province: CA

Zip/Postal Code: 90620

Country: US

Phone Number: (714) 9486114

Fax Number:

Please select one of the payment options

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at The Service Companies' discretion if any changes are declined or charge backs are claimed against any outstanding invoiced balance. Disputes to amounts invoiced should immediately be reported to ARE@acrobotoutsourcing.com

Changes in the status of this card can also be reported to ARE@acrobotoutsourcing.com.

Authorized Signature: [Signature]

Date: 9-3-14

14750 NW 77th Court, Suite 100 | Miami Lakes, FL 33016
T 305.681.8800 • F 305.681.8804 • theservicecompanies.com