



# THE SERVICE COMPANIES

## New Client Info Form

Date: 9/4/19

### COMPANY INFORMATION:

Company Name: Bumblebee Catering Website: www.bumblebeecatering.com

### 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: Rashid ABDUL Position: OWNER

Phone: (714) 948-6114 Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: 350 Clinton Ave City: COSTA MESA Zip: 92606

Email: DumdieBecatering101@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  
RASHAD ABDUL  
Printed Name  
OWNER  
Title  
9-3-19  
Date

STAFFING FIRM: ACROBAT OUTSOURCING  
  
Signature  
Adam Guerra  
Printed Name  
SENIOR OPERATIONS MANAGER  
Title  
9/4/19  
Date

Agreement Provided By: Lisa Powers

## Credit Application for a Business Account

## Business Contact Information

Title: OWNER

Company name/DBA: BUMBLEBEECATERING

Phone: 714 9486114 Fax:

Email:

Registered company address: 350 CLINTON ST

State: CA

ZIP Code:

City: COSTA MESA

Date business commenced: 2-4-2018

State: CA

ZIP Code:

Sole proprietorship:  Partnership: Corporation: Other: 

## Business and Credit Information

Primary business address: SCIME

City: State: ZIP Code: 

How long at current address? 6 years

Telephone: Fax: E-mail: 

Bank name: PNC BANK

Bank address: 240 CENTER ST

Phone: 

City: PITTSBURGH

State: PA 

ZIP Code: 15624

Type of account: Savings  Account number Savings  Account number Checking  Account number Other  Account number 

## Business/Trade References

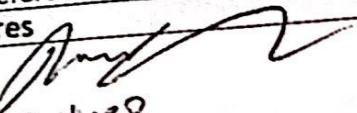
Company name: Address: State: ZIP Code: City: Fax: E-mail: Type of account: Company name: Address: State: ZIP Code: City: Fax: E-mail: Type of account: Agreement 

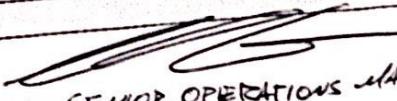
1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.

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The Service Companies

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: Oliver  
Date: 9-3-19

  
Title: SENIOR OPERATIONS MANAGER  
Date: 9/4/19

Credit Card Billing Authorization Form

Credit Card Billing Information

Company name / DBA: BUMBLE BEE

Authorized Signer: Rashad ABDUL

Credit Card Type:

Visa  MasterCard  Amex  Discover/Novus  Other, please specify:

Credit card number: 400123001101588

Last 3 digits from back of card:

Enter CVC Number 222

222

Expiration Date: 07/22

Billing Address: 8234 CANTERBURY WY

City: BUENA PARK

State/Province: CA

Zip/Postal Code: 90620

Country: US

Phone Number: (714) 948-6114

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 AR@acrobatsourcing.com

Changes in the status of this card can also be reported to AR@acrobatsourcing.com.

Authorized Signature:

Date: 9-3-14