



THE SERVICE  
COMPANIES

SERVICE. ABOVE ALL

### Credit Card Billing Authorization Form

Credit Card Billing Information	
Company name / DBA:	
Authorized Signer:	Will Jones
Credit Card Type:	Visa [ ] MasterCard [ ] Amex <input checked="" type="checkbox"/> Discover/Novus [ ] Other, please specify:
Credit card number:	3783 4492 1341 82
Enter CVC Number	Last 3 digits from back of card: 9947
Expiration Date:	11/24
Billing Address:	417 Stockton St
City:	San Francisco
State/Province:	CA
Zip/Postal Code:	94108
Country:	U.S.A.
Phone Number:	415 400-0500
Fax Number:	
Please select one of the payment options	
<p>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 <a href="mailto:AR@acrobatoutsourcing.com">AR@acrobatoutsourcing.com</a></p> <p>Changes in the status of this card can also be reported to <a href="mailto:AR@acrobatoutsourcing.com">AR@acrobatoutsourcing.com</a>.</p>	

Authorized Signature: \_\_\_\_\_

*Will Jones*

Date: \_\_\_\_\_

12/23/19

**Finance Charge:** CLIENT agrees to pay interest on any unpaid balances after thirty (30) days from the date of the invoice, at the compounded rate of 1.5% per month (Annual Percentage Rate of 18%) or the maximum legal rate, whichever is lower, calculated from the date of the invoice.

**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.

Palihotel San Francisco  
CLIENT  
Will Jones  
Signature  
Will Jones  
Printed Name  
General Manager  
Title  
12/23/19  
Date

\_\_\_\_\_  
STAFFING FIRM: ACROBAT OUTSOURCING  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Printed Name  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Date

Agreement Provided By: Lisa Powers





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## New Client Info Form (or update)

Date: December - 2019

### COMPANY INFORMATION:

Company Name: Palihotel San Francisco Website: www.palihotel.sf.com

Type of Company:

- ☐ Conference Planner
- ☐ Event Production
- ☐ Food Production or Demo
- ☐ Education
- ☐ Event Facility
- ☐ Caterer
- ☐ Restaurant
- ☐ Corporate Cafeteria

☒ Organization: Hotel

### LOCATION (if different locations, please list top 5 locations)

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

Palihotel S.F. 417 Stockton St., S.F. CA 94108

Are there parking options? Lots of parking nearby, not on property. Easy access  
Willing to pay for Transportation, if needed for staff? Y / ☒ N via public transportation

### 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 Room Attendants, Servers, Dishwashers

## UNIFORM OR ATTIRE

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

Server - Button up white shirt, black pants & black shoe  
Room Attendant - Black pants, blue shirt  
Dishwasher - Black pants, blue shirt

## CONTACTS

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

Printed Name: Will Jones Position: General Manager

Phone: 510 408-8060 Cell: 510 408 8060 Fax: \_\_\_\_\_

Address: 417 Stockton St City: SF Zip: 94108

Email: will@palihotelsf.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: Jay Tavis Position: Controller

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

Address: Jay@palihotelsf.com 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: \_\_\_\_\_





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### Credit Application for a Business Account

<b>Business Contact Information</b>			
Title: <u>WILL JONES GENERAL MANAGER</u>			
Company name/DBA: <u>Palihotel San Francisco</u>			
Phone: <u>415 400 0500</u>		Fax:	Email: <u>will@palihotelsf.com</u>
Registered company address: <u>417 STOCKTON STREET</u>			
City: <u>SAN FRANCISCO</u>		State: <u>CA</u>	ZIP Code: <u>94108</u>
Date business commenced: <u>01/18/2018</u>			
Sole proprietorship:		Partnership:	Corporation: <u>LLC</u>
Other:			
<b>Business and Credit Information</b>			
Primary business address: <u>ALL SAME AS ABOVE</u>			
City:		State:	ZIP Code:
How long at current address?			
Telephone:		Fax:	E-mail:
Bank name: <u>FIRST REPUBLIC BANK</u>			
Bank address: <u>44 MONTGOMERY ST</u>		Phone:	
City: <u>SAN FRANCISCO</u>		State: <u>CA</u>	ZIP Code: <u>94104</u>
Type of account:		Account number	
Savings			
Checking <input checked="" type="checkbox"/>		<u>321081 8000 6515243</u>	
Other			
<b>Business/Trade References</b>			
Company name: <u>CHEFS WAREHOUSE</u>			
Address: <u>1250 WHIPPLE RD</u>			
City: <u>UNION CITY</u>		State: <u>CA</u>	ZIP Code: <u>94587</u>
Phone: <u>510 627 0082</u>		Fax: <u>510 627 0082</u>	E-mail: <u>chefswhs@chefswarehouse.com</u>
Type of account: <u>FOOD &amp; BEV REVOLVING CREDIT</u>			
Company name: <u>SYSCO FOOD SVCS OF S.F.</u>			
Address: <u>5900 STEWART AVE</u>			
City: <u>FREMONT</u>		State: <u>CA</u>	ZIP Code: <u>94538</u>
Phone: <u>1 800 877 7012</u>		Fax:	E-mail: <u>totalhgeorge@sfo.sysco.com</u>
Type of account: <u>FOOD &amp; BEV REVOLVING</u>			
<b>Agreement</b>			
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.			

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:  
Date:

*Will Brown*  
*General Manager*  
*12/24/19*

Title:  
Date:

*Jay Tavis*  
*CONTROLLER*  
*12/24/2019*