



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:	378344921341182
Enter CVC Number	9947 Last 3 digits from back of card:
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	
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@acrobatoutsourcing.com	
Changes in the status of this card can also be reported to AR@acrobatoutsourcing.com .	

Authorized Signature:

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

Printed Name

Will Jones

Title

General Manager

Date

12/23/15

STAFFING FIRM: ACROBAT OUTSOURCING

Signature

Printed Name

Title

Date

Agreement Provided By: Lisa Powers



THE SERVICE
COMPANIES

New Client Info Form (or update)

Date: December - 2019

COMPANY INFORMATION:

Company Name: Pali Hotel San Francisco Website: www.palihotelsf.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:

Pali Hotel S.F. 417 Shattock 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 Attendents, 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 shoes

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: wille@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 Tavris 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: _____



Credit Application for a Business Account

Business Contact Information			
Title: WILL JONES GENERAL MANAGER			
Company name/DBA: Pali hotel San Francisco			
Phone: 415 400 0520	Fax:	Email: will@palihotelsf.com	
Registered company address: 417 STOCKTON STREET			
City: SAN FRANCISCO		State: CA	ZIP Code: 94108
Date business commenced: 01/18/2018			
Sole proprietorship:	Partnership:	Corporation: LLC	Other:
Business and Credit Information			
Primary business address: ALL SAME AS ABOVE			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name: FIRST REPUBLIC BANK			
Bank address: 44 MONTGOMERY ST		Phone:	
City: SAN FRANCISCO		State: CA	ZIP Code: 94104
Type of account:	Account number		
Savings			
Checking <input checked="" type="checkbox"/>	321081 8000 6515243		
Other			
Business/Trade References			
Company name: CHEFS WAREHOUSE			
Address: 1250 WHIPPLE RD			
City: UNION CITY		State: CA	ZIP Code: 94587
Phone: 510 627 0093		Fax: 510 627 0082 E-mail: chefswhs@chefswarehouse.com	
Type of account: FOOD & BEV REVOLVING CREDIT			
Company name: SYSCO FOOD SVCS OF S.F.			
Address: 5900 STEWART AVE			
City: FREMONT		State: CA	ZIP Code: 94538
Phone: 1 800 877 7012		Fax: E-mail: totahgeorge@sf.systco.com	
Type of account: FOOD & BEV REVOLVING			
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: *Will Jones*
Date: *General Manager*

12/24/19

Jay Tauris
Title: *CONTROLLER*
Date: *12/24/2019*