

 Customer Account Set-up Information & Credit Application	MICROS-Fidelio Salesperson:	Bill-To Taxpayer ID Number (TIN/EIN)
	*REQUIRED	*REQUIRED

Business Profile

Legal Bill-To Information - Required	Dun & Bradstreet (DUNS) #
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Full Legal Name of Company

Trade Name/Doing Business As (DBA)	Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Subsidiary <input type="checkbox"/> Division <input type="checkbox"/> LLC <input type="checkbox"/> Management Company
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Bill to Address (where invoices should be mailed)	City	County
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State	Zip	Business Phone () -	Are Purchase Orders required for your purchases? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Accounts Payable Contact Name	Invoices sent via (CHECK ONE) EMAIL <input type="checkbox"/> or US Mail <input type="checkbox"/>	Email address: One email address per Billing address
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Nature of Business	Date Started	State of Incorporation
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Name(s) of Officers/Owners - List ALL Principals, Owners, and Guarantors who will be obligated for credit purchases. Attach additional sheets, if necessary.

Site Information - Required

SITE Address (where support would be dispatched)	Site Identifier (store #, inn code)
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City	State	Zip	County	Site Phone # () -
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Business Financial Summary

Primary Bank Account - Please list the financial institutions where the business Deposit accounts are maintained

Bank Name	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Investment Acct #	Average Balance \$, , ,
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Bank Contact Name	Bank Phone # () -	Fax # () -
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Rent/Lease/Mortgage Information Own Rent/Lease

Company Name	Lease/Mortgage Value \$, , , .
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Address	City	State	Zip	Phone () -
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Trade References – Account Numbers & Fax Numbers are required

Name	Account #	Phone Number	Fax Number
		() -	() -
		() -	() -

By signature, I authorize MICROS® Systems, Inc. to verify the information & contact references, obtain reports from credit reporting agencies and any additional information including financial statements to determine credit worthiness. Applicant's signature further attests financial responsibility, ability and willingness to pay invoices in accordance with MICROS® Systems, Inc. terms. It is agreed the business entity will pay finance charges at the rate of 1.5% on any outstanding balances beyond payment terms. In the event of non-payment of invoices, it is further agreed the business entity will pay reasonable collection or attorney's fees and costs, whether said effort results in court action or not. I personally guarantee the debts & obligations of my business and agree I am personally obligated to perform all of the terms of, and make all payments to MICROS® Systems, Inc. required by, the agreement which this Application is a part of.

Exempt from Sales Tax (Valid Tax Exemption Certificate Attached)
 Sales Tax is appropriate for all purchases

Signature *REQUIRED	Title	Date *REQUIRED
Print Name *REQUIRED		

Revised August 2011

**The following documents cannot be emailed and will continue to be mailed using US MAIL: Travel Expenses (starting with 44), Out of Scope billing (starting with 9), Manual transactions (starting with 2)