

Jax Kitchen

New Client Application

Date: _____

Business Name (legal): _____ **Business Name d/b/a** _____

Your Name: _____

Address: _____, City _____, Zip _____

Primary Phone: _____ Name: _____

Secondary Phone: _____ Name: _____

Email _____ **Company Website** _____

Authorized Key Holders:

First: _____ Last: _____ Phone: _____

First: _____ Last: _____ Phone: _____

First: _____ Last: _____ Phone: _____

First: _____ Last: _____ Phone: _____

Describe what you will be using Jax Kitchen for:

Approximate hour usage per month _____