

Portofinos Pizza & Pasta
983 Route 22
Brewster NY 10509
845-363-1024
Contact@Portofinos.biz

**INFORMATION FOR HOUSE ACCOUNT
Account Application .**

Company Name: _____

Attention: _____

Address: _____

(Street address required, no PO Box)

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Please fill out your billing address below, if different from above. This is where invoices and statements will be sent for payments.

Address: _____

City: _____ State: _____ Zip: _____

Accounts payable contact

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Do you require a paper bill? Yes [] No []

TYPE OF ACCOUNT REQUESTED

[] Bill Account. We send invoices to your billing address to be paid by check.

[] Credit Card. Charge my orders to the MC/VISA card number below.

OPTIONAL—if you want to pay by credit card, please fill out the following

Type of Card: _____ Name: _____

Card#: _____ Exp Date: _____

Authorized Signature: _____