



Business Account Application

Remittance Address:
 Pizza California, Inc.
 PO Box 611586
 San Jose, CA 95161-1586

Contact Information:
 Phone: (408) 573-7373
 Fax: (408) 436-2333
 Email: acct@pizzacalifornia.com

COMPANY INFORMATION

Company Name _____
 Main Phone _____

BILLING ADDRESS

(This is where we will send monthly billing statements.)

Company _____
 Attention _____
 Address _____
 City, State, Zip _____

A/P CONTACT

(Who can we talk to on the phone about billing?)

Who will we be contacting? A/P Department
 Specific person

Name _____
 Title _____
 Phone _____ Fax _____
 Email Address _____

DELIVERY ADDRESS

(If there are multiple addresses, please leave blank.)

Sign on Bldg. _____
 Address _____
 City, State, Zip _____
 Instructions _____

ORDERING REQUIREMENTS

Orders will require: P.O. NUMBER
 DEPARTMENT NUMBER
 OTHER

Please give details _____

AUTHORIZED PURCHASERS:
 Please include direct phone/extension for each person listed; this will serve as their personal identifier and is the number they should use when placing an order that they wish to have billed to this account.

_____	Name	_____	Phone
_____	Name	_____	Phone
_____	Name	_____	Phone
_____	Name	_____	Phone
_____	Name	_____	Phone
_____	Name	_____	Phone
_____	Name	_____	Phone
_____	Name	_____	Phone

Do we need authorization to add new authorized purchasers? YES NO

If yes, who do we contact?

_____	Name	_____	Phone
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