

**4<sup>th</sup> ST. PIZZA CO.**

# ACCOUNT APPLICATION

Remittance Address:  
4th Street Pizza Co.  
150 E. Santa Clara St.  
San Jose, CA 95113  
Contact Information:  
Phone: (408) 286-7500  
Fax: (408) 286-7502  
Email: info@4thstpizzaco.com

## COMPANY INFO

Company Name \_\_\_\_\_

Main Phone \_\_\_\_\_

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

Company \_\_\_\_\_

Attention \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## ORDERING REQUIREMENTS

Orders will require:  
(Please check all that apply)

- 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

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

If yes, who do we contact?

\_\_\_\_\_  
Name Phone

## 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 \_\_\_\_\_