

Pizza Xtreme

Corporate Accounts Application

Please print and complete the following form. The form can be Faxed to 407-432-6955. Please call us at 407-226-3333 with any questions.

Company Information

Company Name	<input type="text"/>
Delivery Address	<input type="text"/>
Suite #	<input type="text"/>
Zip Code	<input type="text"/>
Telephone #	<input type="text"/>

Billing Information

Billing Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Contact Name	<input type="text"/>		Telephone	<input type="text"/>	
Email Address	<input type="text"/>				

Please Send Invoices to my (check one): Billing Address Email

Credit Card Information

A credit card is required to secure account. This card will never be used for payment unless account becomes 15 days past due.

Name on Card	<input type="text"/>	<input type="checkbox"/> Visa	<input type="checkbox"/> M/C	<input type="checkbox"/> Discover	<input type="checkbox"/> Amex
Card #	<input type="text"/>	Expiration Date	<input type="text"/>		
Signature	<input type="text"/>				