

Remittance Address:
Beauty's Pizza
228 A Broadway
Cambridge, MA 02139
FAX: (617) 876-2376

ACCOUNT APPLICATION



(617) 876-6969
Beautys-Pizza.com
info@beautys-pizza.com
228 Broadway
Cambridge, MA 02139

Company Information

Company Name: _____
Main Phone Number: _____
Main Contact Name: _____
Main Contact Email: _____

Ordering Requirements

Is a P.O. number required? Yes ☐ No ☐
Is a department number/code required? Yes ☐ No ☐

A/P Contact (Who can we contact about billing?)

Name: _____
Title: _____
Phone: _____ Fax: _____
Email: _____

Delivery Address

Company / Office Name: _____
Street Address: _____
Floor/Suite: _____
City: _____ Zip: _____
Contact name: _____
Phone Number: _____
Any special delivery instructions:

Are deliveries to other locations authorized?

Yes ☐ No ☐ If yes, then please attach additional pages with locations, contact names and phone numbers.

Billing Address (where we send billing statements)

Email Address: _____
Postal Address: _____
Company: _____
Attention: _____
Address: _____
City: _____ State: _____ Zip: _____

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 credit card number below.

Credit Card Information (Optional)

A credit card is only required for a credit card account. We may also request a credit card number for a bill account if we have not done business with your company in the past.

Name as it appears on card: _____
Account Number: _____
Verification Code: _____
Expiration Date: _____
Card holder's Signature:
X_____

Signature

X_____

Name: _____