

PREMIER PIZZA

670 'A' River Oaks Parkway
San Jose, CA 95134
Phone # 408 / 944-0664 Fax # 408 / 944-0702

NEW ACCOUNT REGISTRATION

Billing Information:

Company Name: _____

DBA (if applicable): _____

_____ CA _____
Street Address City State Zip

Address for Billing:

_____ _____ _____ _____
Street Address City State Zip

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Business Phone No. Business Fax No.

_____ _____ _____
A/P Contact Title EXT

Purchase Order Required? Y / N

If yes, please list specific requirements: _____

Authorized Purchaser(s):	
_____	_____
Name	Title
_____	_____
Name	Title
_____	_____
Name	Title
_____	_____
Name	Title
_____	_____
Name	Title

Delivery Information:

Sign on building (if other than company name): _____

Address (if only one): _____
street address City State Zip

Cross Street: _____