



Corporate Charge Account Application
Fax your application to: 212.355.5562

Date: _____ Account Number (Office Use Only): _____

Company Name: _____

Contact Person: _____

Title: _____

Address: _____

City: _____ State: ____ Zip: _____

Telephone: _____ Fax: _____

Charge and Billing Information

The following are authorized to use this charge account:

Credit Card Information

I understand Full Payment of monthly charges are due on the 15th of the following calendar month. Any charges over 60 days will automatically get billed to the credit card listed on this application.

Type of Card: _____
Card Number: _____
Exp. Date: _____

Authorized Signature:

PIZZA VILLAGIO *Cafe*
1412 6th Ave.
New York, NY 10019

Phone: 212.355.2211
Fax: 212.355.5562
E-mail: info@pizzavillagiocafe.com