



# ACCOUNT APPLICATION

Remittance Address:

Premier Pizza  
43514 Christy St.  
Fremont, CA 94538

Contact Information:

Phone: (510) 252-0900  
Fax: (510) 252-0902

Email: acct@premierpizzafremont.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 \_\_\_\_\_