

**JOANNE'S GOURMET PIZZA  
HOUSE ACCOUNT APPLICATION**

Joanne's Gourmet Pizza invites you to Spoil Yourself by opening a house account with your local Joanne's Gourmet Pizza. Please fill in all information accurately. Missing information will only delay your use of this service. Thank you!!

**BILLING INFORMATION**

Date of Application

Company Name: \_\_\_\_\_

\_\_\_\_/\_\_\_\_/20\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Accounts Payable Phone #: \_\_\_\_\_

**Company Authorization**

- Print Name: \_\_\_\_\_

- Signature: \_\_\_\_\_

- Title: \_\_\_\_\_

Bank Name/Branch: \_\_\_\_\_

Account #: \_\_\_\_\_

Contact/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_

Authorized Users (print names):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DELIVERY ADDRESS**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_

**For Office Use Only**

Date Received: \_\_\_\_\_

Approved/Denied

Date Notified: \_\_\_\_\_

Payment terms are net 30 days. All payments received late will be assessed a 1.5% late fee. Orders will be billed on separate invoices.

Mail this application to: Joanne's Gourmet Pizza **or** give it to your delivery driver the next time  
500 Glen Cove Avenue you order from Joanne's of Sea Cliff  
Sea Cliff, NY 11579

**SPOIL YOURSELF !!!**  
Visit us at [www.JoannesGourmetPizza.com](http://www.JoannesGourmetPizza.com)