

PALAZZO CAFÉ

2040 MAIN STREET, SUITE 125
IRVINE, CA 92614
TEL: 949-872-2885
FAX: 949-872-2831

CORPORATE ACCOUNT APPLICATION

Legal Business Name _____

Contact Name _____

Street Address _____

City, State _____

Phone # _____ Fax #: _____

Email Address _____

Number of Employees _____ Federal Tax ID _____

Form of Ownership Proprietor Partnership Corporation

Preferred Payment Method (\$100/Month Minimum Order Required):

MC/VISA/AMEX. Account # _____
Name on Card _____
Exp. Date _____
V code _____

Bill for payment using Corporate Check (Net 10 days)

I understand and agree to all the terms stated above:

Authorized Name (Print)

Title

Signature

Date

*When completed, please fax to (949) 872-2831
or mail to: 2040 Main Street, Suite 125 Irvine, CA 92614*