

Caffe Pascucci
170 King Street #109
San Francisco, CA 94107
415.957.1100
www.caffe-pascucci.com



Corporate Account Application

Corporate Information Section:

Company Name: _____ State of Incorporation: _____ Years In Business: _____ Federal Tax ID Number: _____

Company Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____ Email: _____

Billing Information Section (If different from above):

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Name of Personnel Authorized To Charge Services on Account:

1. _____
2. _____
3. _____

Type of Account Requested:

I authorize you to charge my credit card at the end of the month for the full amount

In the event that this credit application is approved, the applicant agrees to and accepts the following terms and conditions:

In the event account remains unpaid and legal fees are incurred by Caffe Pascucci to obtain payment for services rendered, the applicant shall be held accountable for all expenses incurred in the collection process, including reasonable attorney fees. The undersigned authorizes Caffe Pascucci to conduct a complete and thorough check off all the information supplied to Caffe Pascucci. Furthermore, the applicant certifies that the above statements are true, correct and complete and have been made by the undersigned for the purpose of inducing Caffe Pascucci to extend credit to the applicant knowing that Caffe Pascucci will rely thereupon.

Authorized Signature: _____ Title: _____ Date: _____

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Credit Card Authorization Form

I hereby authorize my signature to be on file with Caffe Pascucci for the purpose of charging any unpaid balances for services provided with, or rendered by Caffe Pascucci. I authorize the respective credit card company designated below to accept this form in lieu of my signature appearing on the individual credit card receipt.

Type of Credit Card: Visa ___ MasterCard ___ American Express ___ Discover ___

Name As It Appears On Card: _____

Address On Card: _____

Card Number: _____

EXP: ____/____ CCV (Security Code): ____

Telephone Number (Work): _____

Telephone Number (Cell): _____

Fax Number: _____

Email Address _____

With my signature below I hereby authorize Caffe Pascucci to charge any unpaid amounts from orders placed on my account

Card holder's Signature Card holder's Name

Date: _____

Please return this form to the office or email it to alex@caffe-pascucci.com upon completion