



113 Danbury Rd Ridgefield CT, 06877  
Phone: 203-431-0069 Fax:203-431-0062  
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**INFORMATION FOR HOUSE ACCOUNT**  
**Account Application .**

Company Name: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street address required, no PO Box)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please fill out your billing address below, if different from above. This is where invoices and statements will be sent for payments.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Accounts payable contact**

Name: \_\_\_\_\_  
Title \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Do you require a paper bill? Yes  No

**TYPE OF ACCOUNT REQUESTED**

Bill Account. We send invoices to your billing address to be paid by check.

Credit Card. Charge my orders to the MC/VISA card number below.

**OPTIONAL—if you want to pay by credit card, please fill out the following**

Type of Card: \_\_\_\_\_ Name: \_\_\_\_\_

Card#: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_