

Please email completed form to:
alimospizzeria@gmail.com



HOUSE ACCOUNT FORM

Name: _____

Business Name: _____

Email: _____

Primary Phone: _____

Secondary Phone: _____

Street Address: _____

Postal Code: _____

Note:
Spend limits
may apply.

Authorized To Charge:

Notes:

*Disclosure Obligation: Above Information will be sent to payment processor Toast.
View Toast's privacy practices by viewing its privacy statement. (<https://pos.toasttab.com/privacy>)

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Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____			
Cardholder Name (as shown on card): _____				
Card Number: _____				
Expiration Date (mm/yy): _____				
Cardholder Postal Code (from credit card billing address): _____				

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date