



Business Name: _____

Owners/Manager Name: _____

Telephone Number: _____ Email: _____

Physical Delivery Address: _____

City: _____ State: _____ Zip: _____

“Billing” Address: _____

City: _____ State: _____ Zip: _____

Accountant Name: _____

Telephone Number: _____ Email: _____

How would you like to receive statements: Email _____ Mail _____

Preferred Method of Payment (Select one):

CREDIT CARD _____

-I authorize Bigoli Fresh Pasta to initiate a credit card charge from the account identified herein, according to the net terms specified on the invoices. A 3% surcharge fee will be added to each transaction

CHECK or ACH _____

-Payments must be processed according to the net terms specified on the invoices. An authorized credit card **MUST** be on file. Bigoli Fresh Pasta will reserve the right to charge the credit card only for past due amounts exceeding 10 days from the net terms, plus a 3% surcharge fee.

CREDIT CARD AUTHORIZATION FORM

Name on credit card: _____

Account Number: _____

Expiration Date: _____

Security code _____ Billing Zip Code: _____

I understand that the charge will be billed under Bigoli Fresh Pasta. Undersigned represents and warrants to Bigoli Fresh Pasta that the person executing this release is an authorized signatory on the Account referenced above and all information regarding the Account and Account Owner is true and correct.

_____/_____/_____
Account Owner Signature Date

Print Name and Title

Do you consent to receive text messages from Bigoli Fresh Pasta Company
 YES NO