

# MARIO'S

PHONE 631-385-7000  
1-17 SCHWAB RD MELVILLE, NY 11747  
MARIOSMELVILLE.COM

## **BILLING INFORMATION** *(Full Contact Information Required)*

Firm Name \_\_\_\_\_

Trade Name or d.b.a. \_\_\_\_\_

Company's Federal Tax ID \_\_\_\_\_

Address \_\_\_\_\_

Floor \_\_\_\_\_ Cross Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile Phone or Alternate Contact \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

## **ACCOUNTS PAYABLE ADDRESS**

*Full Contact Information Required.*

Company \_\_\_\_\_ A/P Contact \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ A/P Phone No. \_\_\_\_\_

Phone No. \_\_\_\_\_ A/P Fax No. \_\_\_\_\_

Nature of Business \_\_\_\_\_

Business Type (please circle one) Proprietorship Partnership Corporation LLC Limited Partnership Non-Pro

## **AUTHORIZED USERS** *(Please Print)*

Name \_\_\_\_\_ Tel. # \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Tel. # \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Tel. # \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Tel. # \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Tel. # \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Tel. # \_\_\_\_\_ Email \_\_\_\_\_

## **BUSINESS REFERENCES** *(Required)*

Business Name \_\_\_\_\_ Business Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Contact: \_\_\_\_\_ Fax No. \_\_\_\_\_ Contact: \_\_\_\_\_ Fax No. \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

## **CREDIT CARD GUARANTEE INFORMATION:**

Credit Card Number: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Billing Address: \_\_\_\_\_

Amex Visa MC Diners Discover Zip Code \_\_\_\_\_

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