



GROUP ORDER INFORMATION FORM

Business Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Billing Information

Attn: _____

P.O. Box: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Names Authorized To Order On Account

_____ Title _____

_____ Title _____

_____ Title _____

_____ Title _____

_____ Title _____

Are you going to require Purchase Order Slips for authorization? Yes ___ No ___

Are you Tax Exempt? Yes ___ No ___ If Yes, please provide a certificate.

Terms of Agreement

Payment upon receipt payable to
Pizza Shuttle Inc.
1827 N Farwell Ave.
Milwaukee, WI 53202

Authorized Signature: _____ Print Name: _____

Title: _____ Date: _____

PLEASE FAX THIS FORM TO PIZZA SHUTTLE (414) 289-9611