



TOWER BAGEL INC.  
 23-10 44 DRIVE LIC, NY 11101  
 P: 718.361.9422 F: 718.361.9423  
 PUMPBAGELS.COM

Date: \_\_\_\_\_ Acc # (Office Use Only): \_\_\_\_\_

Company: \_\_\_\_\_  
 Company's Legal Name: \_\_\_\_\_  
 Company's DBA Name: \_\_\_\_\_  
 Company's Federal Tax ID: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Order Placed By: (Name) \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax#: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Contact Person (Name) \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone#: \_\_\_\_\_  
 Fax#: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Accounts Payable Address**

Same as Above Yes \_\_\_\_\_ No \_\_\_\_\_  
 If you selected "NO", the information below is required

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone#: \_\_\_\_\_  
 Fax#: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Bills to the Attention of: \_\_\_\_\_

**Charge and Billing Information**

The Following are Authorized to Use This Charge Account:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Credit Card Information**

UNDERSTAND FULL PAYMENT OF OUR MONTHLY STATEMENT IS DUE UPON RECEIPT. THE TERMS OF PAYMENT ARE 15 DAYS AFTER RECEIPT OF STATEMENT. ACCOUNT IN ARREARS OF 30 DAYS AFTER RECEIPT OF STATEMENT WILL BE CHARGED TO YOUR CREDIT CARD. PLEASE PROVIDE YOUR CORPORATE OR PRIVATE CREDIT CARD INFORMATION TO BE SECURELY FILED WITH US.

Type of Card: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_  
 Card #: \_\_\_\_\_ Owner or Partner  
 Expiration Date: \_\_\_\_\_