



CORPORATE ACCOUNT FORM

Fax signed forms to 617 227 7077

Or

E-mail to bostonkebabhouse@gmail.com

Company Name: _____

Contact Name: _____

Address: _____

Apt/Suite/Floor Number: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

Fax: _____

E-mail (for the copy of invoice): _____

METHOD OF PAYMENT (FULL PAYMENT REQUIRED IN ADVANCE)

_____ Company Check

_____ Amex

_____ Visa

_____ MasterCard

_____ Discover

Credit Card# _____ / _____ / _____ / _____

Expiration Date: _____ / _____

Card Holders name: _____

Card Holder signature: _____

Payment Terms: _____ every week _____ two weeks _____ monthly