

Date : _____



Robert Mazza, Inc.
 11815 East Lake Road
 North East, PA 16428
 814.725.8695 Fax 814.725.3948

New Wholesale Account Form

Customer Legal Name:		DBA:
Billing Address:		
Shipping Address:		
Buyer Contact Name:	Buyer Contact Email:	Buyer Phone:
Delivery Contact Name:	Delivery Contact Email:	Delivery Contact Phone:
Accounting Contact Name:	Accounting Contact Email:	Accounting Phone:
PA LID #	NYS SLA Serial #	
License Expiration Date:	License Expiration Date:	
Pick up Store # - SLO (PA Only):	Federal EIN # (NY Only)	
Resale Certificate (ST-120) : Y / N	Establishment Type: Restaurant Bar Store Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	
Delivery Days:	Delivery Hours:	Delivery Special Instructions:

Send completed form to:

 Orders@EnjoyMazza.com
 -or-
 fax: 814.725.3948

Office Use Only

Sales Rep : _____

Account Number : _____