

Date : \_\_\_\_\_



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

## Payment Options

Please check all boxes that apply

**Cash**    
  **Check**    
  **Fintech**    
  **Money Order**

**Credit Card**

Name on Credit Card	Credit Card Number	Exp
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	CVC Code:	

\* A 3% processing fee will be applied to all credit card payments over \$1,000

**EFT**

Bank Name	Name on Account
Routing Number	Account Number

Authorized Signature

Printed Name

**IF YOU WOULD LIKE ROBERT MAZZA, INC TO KEEP A CREDIT CARD or EFT ON FILE,  
PLEASE FILL OUT THE SECTION BELOW**

\_\_\_\_\_ is authorizing Robert Mazza, Inc. to initiate either an ACH credit or debit entry and if necessary any adjustments needed to correct entries made in error, to the account indicated on this form at the financial institution named on this form. \_\_\_\_\_ is acknowledging the origination of ACH transactions to the account indicate on this form and that these transactions must comply with the provisions of U.S. Laws and Regulations including the Sanction Laws administered by the Office of Foreign Asset Control.

Company Name	Phone Number		
Address	City	State	Zip

**Payment information will be kept on file for one year from the date of the signature below**

Authorized Signature	Date
Printed Name & Title	

**Send completed form to :**  
 Orders@EnjoyMazza.com - or - fax: 814.725.3948

**Office Use Only**

Account Number :

