



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

Payment Options

please check preferred method of payment and complete any necessary fields

<input type="checkbox"/>	Cash	provided to Driver at time of delivery or in-person																				
<input type="checkbox"/>	Money Order/Check	provided to Driver at time of delivery, in-person or by mail to address above																				
<input type="checkbox"/>	Fintech	https://fintech.com																				
<input type="checkbox"/>	ACH	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Bank Name:</td> <td>Northwest Bank</td> </tr> <tr> <td>Account Name:</td> <td>Robert Mazza, Inc</td> </tr> <tr> <td>Routing Number:</td> <td>243374218</td> </tr> <tr> <td>Account Number:</td> <td>1336054455</td> </tr> </table>	Bank Name:	Northwest Bank	Account Name:	Robert Mazza, Inc	Routing Number:	243374218	Account Number:	1336054455												
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<input type="checkbox"/>	Credit Card	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Name on Card:</td> <td>_____</td> </tr> <tr> <td>Credit Card Number:</td> <td>_____</td> </tr> <tr> <td>Expiration Date:</td> <td>_____</td> </tr> <tr> <td>CVC Code:</td> <td>_____</td> </tr> <tr> <td>Zip Code</td> <td>_____</td> </tr> </table> <p>**a 3% fee will be applied to credit card payments over \$1,000</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Debit Card</td> <td style="text-align: center;">Visa</td> <td style="text-align: center;">MasterCard</td> <td style="text-align: center;">Discover</td> <td style="text-align: center;">Amex</td> </tr> </table> <p style="text-align: center;">Credit Card Authorization</p> <p>I, _____ am authorizing Robert Mazza, Inc to initiate a credit card payment for all invoices and adjustments needed to correct entries made in error upon the delivery of goods. This method of payment will remain in affect until otherwise noted by you, the Customer.</p> <p><input type="checkbox"/> Card on file is to be used only with prior authorization, in which you, the Customer will send notification to Robert Mazza, Inc. Via phone call to 814-725-8695 or email to initiate payment at accounting@enjoymazza.com.</p>	Name on Card:	_____	Credit Card Number:	_____	Expiration Date:	_____	CVC Code:	_____	Zip Code	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debit Card	Visa	MasterCard	Discover	Amex
Name on Card:	_____																					
Credit Card Number:	_____																					
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CVC Code:	_____																					
Zip Code	_____																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Debit Card	Visa	MasterCard	Discover	Amex																		

Company Name: _____ Phone Number: _____
 Address: _____ City: _____ State: _____ Zip _____

Send completed form to:
accounting@enjoymazza.com - or - fax: 814-725-3948

