



# House Account Application

Please fill out the application below and fax to PLP's Corporate at (770) 648-3097, Attn: Rich DeSantis.

### Company Information:

Company Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City

State

Zip Code

Please Estimate your monthly expenditures: \$ \_\_\_\_\_ Avg. # Orders per Month: \_\_\_\_\_

### Contact Information:

Company Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Billing Information:

Statements will be emailed to the A/P contact that you have listed on this application on a weekly basis. If you would like the invoice or a copy to be emailed to another person please list below.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

TERMS: Payment terms of this agreement are "NET 30" DAYS

GRATUITY: For billing convenience we can add on a standard gratuity of your preference per order. Please state the amount you wish to include on each order: \_\_\_\_\_% or \$ \_\_\_\_\_

Credit Card:  AMEX  VISA  MASTERCARD

Name as it appears on the card \_\_\_\_\_

Account Number \_\_\_\_\_ CVV \_\_\_\_\_ Expiration Date. \_\_\_\_\_

If PLP STREET LLC., dba Peace Love and Pizza, accepts my application for a charge account at all of its restaurants, I agree that upon receipt of an invoice for charges made by me or any authorized person listed, I shall pay the amount due in full within ten (10) days of receipt of such invoice. I agree that any amounts which are due and owing from me to Peace Love and Pizza shall accrue interest at the rate of 1.5% per month from the date which is 45 days after the date of the invoice to and including the date payment is received from me. If any invoice is not paid in full within 30 days of the date of the invoice, Peace Love and Pizza is hereby authorized to charge the full amount due from me to the credit card listed above. If the credit card ceases to be valid, I will provide a valid credit card account to substitute for the invalid card. I agree to pay \$25.00 for any returned checks, plus the original amount of said check. I agree to pay all costs and expenses including all reasonable attorney's costs and fees, which Peace Love and Pizza may incur in the collection or enforcement of any amounts due to them, whether or not any lawsuit is actually instituted. I further authorize Peace Love and Pizza, to verify the above bank reference information, including account status, average cash balance and when the account was established.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# House Account Application

**Authorized Users:** (other than the contact listed above)

Authorized User Name: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Delivery Address ( ) Phone Number

Authorized User Name: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Delivery Address ( ) Phone Number**Bank Information and House Account / Credit References:**

Federal Tax ID #: \_\_\_\_\_ Bank Name / Contact / Phone \_\_\_\_\_

Address: \_\_\_\_\_

Reference #1: \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone Number\_\_\_\_\_  
Address City State ZipReference #2: \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone Number\_\_\_\_\_  
Address City State Zip**Please select the location(s) you will be ordering from:**

**PLP 02**   
 2990 Eagle Drive  
 Suite 104  
 Woodstock, GA 30189  
 (770) 925-8500

**PLP 03**   
 14205 Hwy 92  
 Suite 110  
 Woodstock, GA 30188  
 (770) 924-8300

**PLP 04**   
 3960 Mary Eliza Trace  
 Suite 1100  
 Marietta, GA 30064  
 (770) 321-5000

**PLP 05**   
 1050 East Piedmont Rd  
 Suite 154  
 Marietta, GA 30064  
 (770) 321-0757