

# PICK A CARD



Thank you for your inquiry regarding debit/credit card billing for your account with Original Pizza of Boston. Now you can use your credit card to pay your invoices. In order for Original Pizza to bill your debit/credit card we need some essential information.

Please complete the following and return this form to:

BY MAIL

Credit Card Billing  
Original Pizza  
PO Box 304  
Lincoln, RI 02865

BY FAX

401-333-4785

SCAN & EMAIL

ar@originalpizza.com

Is this a: Business Card or Personal Card

Business Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

The address where the credit card bill gets mailed to:

\_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Please circle credit card type:



Credit Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Security Code: \_\_\_\_\_ (3 or 4 digits)

5 Digit Zip Code: \_\_\_\_\_

I hereby authorize Original Pizza of Boston to bill my invoices, as shipped, to the debit/credit card account listed above.

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