

**Primas Deli**  
**Corporate Accounts**

**Phone 845-427-2123**

**Fax 845-427-2484**

**2039 Route #208**

**Montgomery, NY 12549**

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

Company Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone and Extension number \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Billing Address for the Credit Card \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credit Card Expiration Date \_\_\_\_\_

Your Name \_\_\_\_\_

Your Title or Position \_\_\_\_\_