



Suite Number _____

Date Submitted _____

Levy Restaurants Account Form

Company Name & Address

Suite Administrator Information

	Name _____
	Ph/Fax _____
	Email _____
	Admin. _____
	B-day _____

BILLING INFORMATION:

Credit Card # _____ Exp. _____

Card Holder's signature _____

All suite holders must provide Levy Restaurants with a credit card to keep on file. This credit card will be used as the suite holder requests and it also will be used for any invoices that are 45 days past due. Please fill in your credit card information.

Food & Beverage ordered *BEFORE THE GAME* (unless otherwise notified) will be paid by: (Please select one option)

- _____ **Company credit card on file**
- _____ **Credit Card from the individual placing the order**
- _____ **House charge (direct bill company)**

Food & Beverage ordered *DURING THE GAME* (unless otherwise notified) will be paid by: (Please select one option)

- _____ **Company credit card on file**
- _____ **Credit Card from the individual placing the order**
- _____ **House Charge (direct bill company)**

Authorized Signers (authorized to charge to credit card on file or to sign for direct bill):

	Name	Signature
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

EMERGENCY CONTACT (For Evening/Weekend Emergencies Only):

Name _____ Home/Cell _____