

Magnolia Bakery Café
• *Corporate Account Form* •

Company Name: _____

Contact Name: _____

Address: _____ **Suite #** _____

City: _____ **State:** _____ **Zip:** _____

Telephone No. _____ **Fax Number** _____

Credit Card # _____ **Expiration Date:** ____ / ____ / ____

(If paying by credit card)

Authorized Signature(s): _____

Terms: **14 Days** _____ **30 Days** _____

Special Instructions: _____

Norcross:
(770) 449-4515

Duluth:
(770) 622-3887

Suwanee:
(678) 584-1031