



CUSTOMER CREDIT APP

Please complete and return by email to: order@ilovesweet.com

COMPANY NAME: _____

COMPANY CONTACT: _____

BILLING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: _____

EMAIL: _____

DRIVER'S LICENSE NUMBER: _____

VENDOR REFERNCE 1:

NAME: _____

PHONE NUMBER: _____

TERMS OF PAYMENT: COD NET30 CREDIT CARD

(CIRCLE PMT PLAN)

CREDIT CARD (IF APPLICABLE):

TYPE

CREDIT CARD NUMBER

EXPIRATION

AUTHORIZED SIGNATURE

DATE

PRINTED NAME

www.ilovesweet.com

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