

SWEET RETURNS™

Name of Organization _____
Contact Person _____
Address _____
City _____ State _____ Zip _____
Email Address _____
Phone # _____ Alternate Phone # _____ Fax # _____

PARTICIPATING RESTAURANTS

Restaurant # _____
Restaurant Name _____
Restaurant Contact Number _____
Number of Cards Requested _____
Price Per Card \$ _____
Total Value of Cards Requested \$ _____
The terms of this Agreement will be from _____, 20____ through _____, 20____
In Witness Whereof, the parties have executed this Agreement as of the _____ day of _____, 20____.
By _____ By _____
American Blue Ribbon Holdings, LLC Organization
By _____
(Two signatures required in California)
Ship Cards To:
 Participating Restaurant Address _____
 Organization City, State, Zip _____

PAYMENT RECORD

Settlement Date _____, 20____ Price Per Card \$ _____
Number of Cards Requested (from above) _____ Additional Charges \$ _____
Number of Cards Returned From Organization _____ Balance Due \$ _____
Total Number of Cards Purchased _____ Payment Method:
 Cash Check # _____ Credit Card

REFER TO TERMS AND CONDITIONS ON BACK