

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:
	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card

REFER TO TERMS AND CONDITIONS ON BACK