Long Grove Confectionery Co. 333 Lexington Drive Buffalo Grove, IL 60089 Ph: 847/459/3100 Fax: 847-459-4871





Arway Confections 3425 N Kimball Avenue Chicago, IL 60618 Ph: 773/267-5770 Fax: 773/267-0610

CREDIT CARD INFORMATION

Company Information: (All information will be handled as confidential)							
Date:	New	Update	ed Card Info		Update	ed Co	ontact Info
Business Name:							
D.B.A. Name(s):		Owner/Mgr Name:					
Billing Address:					Home		Business
City:		State:		Zip:			
Phone:		Fax:					
Shipping Address:					Home		Business
City:		State:	State: Zip:				
A/P Contact:		Corp	Partnership		Sole Pro	prieto	or
Name of owner(s):		Business as of Date:					
Email:							
Tax ID:		Resale#					
Credit Card Information: (Complete o	or call with the	following info	rmation):				
Credit Card#:		Type of Credit Card:					
Expiration Date:		Security Code:					
Name on Card:							
Billing Address of Credit Card (Street adc	dress, City, State	, Zip)					
Authorization							
I, acting as agent of the above compar responsibility to notify Arway and/or Lon product and of any billing discrepancie personal property purchased from Arwa for payment of Retailers' Occupation To from the resale of this property to users a	g Grove of any s within one (1) y and/or Long ax, Service Occ	shipping discre week of receiv Grove is purche	epancies within ving the invoice ased for the pur	three . I als poses	(3) days o o certify t of resale,	of rec hat c assu	eiving the all tangible me liability
				1			

Authorized Signature:	Date:
Print Name:	Title:

FOR OFFICE USE

Date Received	
Processed by	
Date of Approval	