Dick • Taylor

CRAFT CHOCOLATE

DICK TAYLOR CUSTOMER SETUP

COMPANY:	
MAIN CONTACT:	PHONE:
SHIP TO ADDRESS:	CITY/STATE/ZIP:
BILL TO ADDRESS:	CITY/STATE/ZIP:
EMAIL:	ALT. EMAIL:

CREDIT CARD PAYMENT AUTHORIZATION

NAME ON CARD:		
CREDIT CARD NUMBER:		
EXP DATE:	CVV:	ZIP:
AUTHORIZED SIGNATURE OF ABOVE CARDHOLDER:		

..... DATE: .....

I THE UNDERSIGNED, PLEDGE THAT ALL INFORMATION IS CORRECT AND TO PAY ALL DEBTS ACCORDING TO THE TERMS SET FORTH IN THE INVOICE. I AGREE TO PAY A ONE TIME LATE FEE OF 5% OR $12 SERVICE CHARGE, WHICHEVER IS GREATER ON ALL INVOICES 30 OR MORE DAYS PAST DUE. I RECOGNIZE THAT UPON ISSUANCE OF CREDIT BY DICK TAYLOR THAT ALL TERMS AND CONDITIONS OF THIS APPLICATION SHALL CONSITITUTE AN AGREEMENT OF SALE.

.....

PRINT NAME SIGNATURE DATE

IF YOUR ACCOUNT IS NOT GRANTED OPEN TERMS, YOUR ORDERS WILL BE CHARGED BY CREDIT CARD UPON TIME OF SHIPMENT.

CONTACT: INFO@DTCHOCOLATE.COM