

Billing Information:

Name: _____

Company: _____

Address: _____

Suite/Apt: _____

City: _____ State: _____ Zip: _____

Phone: _____

Shipping Information _____ Shipping address is the same as the above billing address

Name: _____

Company: _____

Address: _____

Suite/Apt. _____

City: _____ State: _____ Zip: _____

Phone: _____ -

Message for Gift:

(please print clearly) _____

Credit Card Information Card Type (circle one VISA MC AMEX DSC)

Name as it appears on Card: _____

(Name and Billing address of the credit card)

Signature of Card member: _____

Fax this form to: 708-478-3940

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