



PO Box 520 • 5768 Sweeteners Blvd • Lakeville, NY 14480  
(585) 346-2318 Fax (585) 346-2310

### Credit Reference Request

Thank you for inquiring about setting up credit with Sweeteners Plus, Inc. Please see the attached form to fill out and either email back or fax it back to Pam or Dianne.

Please be sure to fill out all information on the Customer Information Sheet including your bank fax number. This page gets faxed to your bank, authorizing your bank to release information to Sweeteners Plus so we can approve your credit.

We also need at least 3 trade references. Please provide us with the company name, address, telephone number, and fax number. We use the fax number to fax over our form for your reference to fill in. Please also provide us with a Financial Statement or Balance Sheet.

Pam or Dianne will keep you updated by email or fax on how your credit is coming along. If you prefer email, please provide us with your email address.

Thank you for your cooperation. Please contact Pam or myself with any questions.

Pam Smith - [pam.smith@sweetenersplus.com](mailto:pam.smith@sweetenersplus.com)

Dianne - [dstaudinger@sweetenersplus.com](mailto:dstaudinger@sweetenersplus.com)



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Customer Information Sheet

Please only remit payments to:  
Sweeteners Plus  
P.O. Box 150  
Warsaw, NY 14569

Completed Forms Fax to: (585) 346-2310

Firm Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Invoicing Address, if different \_\_\_\_\_  
Person to Contact \_\_\_\_\_ Position \_\_\_\_\_ Telephone \_\_\_\_\_  
Controller of Accounts Payable \_\_\_\_\_ Fax# \_\_\_\_\_  
Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual Business \_\_\_\_\_ Other \_\_\_\_\_  
A Division of \_\_\_\_\_ A Subsidiary of \_\_\_\_\_  
Type of Business \_\_\_\_\_ Established in \_\_\_\_\_

Principle Officers or Owners

Name                      Telephone                      Address                      City/State

\_\_\_\_\_  
\_\_\_\_\_

Bank \_\_\_\_\_ Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Fax Number \_\_\_\_\_

Telephone \_\_\_\_\_ Account Number \_\_\_\_\_

I \_\_\_\_\_, give authorization to my Banking institution to disclose information to Sweeteners Plus necessary to complete this credit application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Trade References**

Name \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Credit Level Requested: \$ \_\_\_\_\_ Sales Person \_\_\_\_\_  
Products Used \_\_\_\_\_

**Please mail or email a copy of your most recent balance sheet or financial statement to Sweeteners Plus Inc. c/o Pam Smith 5768 Sweeteners Blvd. Lakeville, NY 14480 or [credit@sweetenersplus.com](mailto:credit@sweetenersplus.com). This information will remain confidential and used only for credit purposes.**