

Fundraising Sales Agreement



I. Account Information: New ___ Existing ___ High School ___ Elementary ___ Community ___ Members _____
Group Name _____ Acct. Number _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Fax # _____

II. Contact Information
Chairperson _____ Phone # _____ Cell # _____
Email _____ Fax # _____
Co- Chairperson _____ Phone # _____
Email _____

III. Sale Information:
Key Tag Card _____ Repeat Savings Card _____ Cookie Dough _____ Coupon Book _____
Planning Meeting Date _____ Sale Start Date _____ Sale End Date _____ Profit _____
Pick up Orders _____ Delivery Time _____
Special Instructions: _____

IV. Shipping Information:
Ordered: _____ Delivery Week: _____ Special Instructions: _____
Ship to Name: _____
Ship to Address: _____ City: _____ State: _____ Zip _____

V. Payment Terms Saving Street Product payment due at close out date: _____ Chairperson Initial _____

(Authorized Representative Signature)

(Saving Street Fundraising LLC)

(Please Print Name and Title)

(Print Name and Phone Number)

DATE _____