

Fundraising Sales Agreement



Account Information: New ___ Existing ___ High School ___ Elementary ___ Community ___ # of Sellers _____
Group Name _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Web Site: _____

Contact Information
Chairperson _____ Phone # _____ Cell # _____
Email _____
Co- Chairperson _____ Phone # _____
Email _____

Sale Information:
Discount Key Tag Cards _____ Discount Savings Card _____ Brochure Sales _____
Planning Meeting Date _____ Sale Start Date _____ Sale End Date _____ Profit _____
Special Instructions: _____

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

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 _____