

Helen Grace

Gourmet Collection Fundraiser Contract

For Office Use Only

Cust # _____

Status _____

Comp _____

Res Com

Res Com

Org# _____

Rep# _____ Assoc# _____

Ship Materials? _____

Materials to: _____

#Sellers _____

Ship Mats On _____

Notify Rep? _____

Notify Customer? _____

Via _____

Tax Exempt? _____

T/L Inst _____

Prz Prgm? _____

KOL _____

I G C N

Sp. KOL? _____

% _____

Sch Rwd _____

Col Pkts _____

Pk/Pc _____

Std Pk _____

Date _____

Organization Name _____ Org E-Mail _____

Org. Phone _____ Org. Fax _____

Billing Address _____

City _____ State _____ Zip _____

Chairperson/Contact _____

Chair/Contact Email _____

Chair/Contact Phone: _____ (work) _____ (home)

School Delivery Contact (On-site): _____

Del. Contact Phone: _____ Del. Contact. Email _____

Shipping Name: _____

Street _____

City _____ State _____ Zip _____

County _____

Attn: _____

Sale Date _____ to _____

Order Turn-In Date: _____ Previous Cookie Dough Sales _____
(gross \$)

Additional Information:

Terms and Conditions: Invoice payable upon receipt. Customer is responsible for sales tax unless appropriate tax exemption documentation is submitted. **NO RETURNS.** At time of delivery, carefully inspect shipment for damages or shortages **BEFORE** you sign and accept. Damages/ Shortages **MUST** be marked on Bill of Lading. Innisbrook Wraps is not responsible for any damage, shortage, or loss discovered after delivery. Orders accepted for Full Case Quantities only. Minimum Order: 40 cases. **Profit Percentage: 40%**, excluding tax if applicable.

Authorized Signature _____ Date _____

Rep's Signature _____ Date _____

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1/09/09