



PURCHASE ORDER APPLICATION

Instructions:

1. Fill out as completely as possible and fax to 888-778-2581. (* denotes required field)
2. Verification and approval takes 1 – 2 business days.
3. Upon approval, a confirmation email is sent and the order will be processed.

Client Billing Information

*Group Name: _____
 *Full Name: _____
 Position within Group: _____
 *Social Security Number or Tax ID Number or
 Driver's License Number (Fax copy of this along with
 this application):

*Billing Address: _____
 City: _____ State: ____ Zip: _____
 *Contact Phone: (____) ____ - _____
 Fax: (____) ____ - _____

I agree to pay for the fundraiser within 15 days.

*Signature: _____

Secondary Authorized Contact

*Full Name: _____
 Position within Group: _____
 *Contact Phone: (____) ____ - _____
 *Signature: _____

Bank Information

*Bank Name: _____
 *Account Number: _____
 *Routing Number: _____
 Bank Phone: (____) ____ -- _____

*Ship to (must be to organization facility): Address: _____ City: _____ State: ____ Zip: _____		Order Number: _____	
Quantity	Item Description	Unit Cost	Total Cost
TOTAL:			

Client is responsible for payment of each fundraiser within 15 days of receiving the fundraising product. Late payments are subject to a 10% late fee. Please contact us if you need additional time to submit payment.