

Fundraising Sales Agreement

Breck's...Gurneys...Spring Hill Nursery

New Account Existing Account _____ Active Participants _____ Group ID# _____
 School _____ Address _____
 City _____ State _____ Zip Code _____
 Group Phone _____ Fax _____ Email _____

Contact Information:

Primary Contact _____ Title _____
 Address _____
 City _____ State _____ Zip Code _____
 Day Phone _____ Evening Phone _____ Cell Phone _____
 Fax _____ Email Address _____

Fundraising Product Detail:

Spring	Sale Start Date _____	End Date _____	Payment Date _____
Fall	Sale Start Date _____	End Date _____	Payment Date _____
Holiday	Sale Start Date _____	End Date _____	Payment Date _____

Special Instructions

Supplies Required For Sale:

Breck's Kits _____	Mailing Envelopes _____
Spring Hill Kits _____	Flower Thermometer Prize Posters _____
Gurneys Kits _____	Extra Order Forms _____
Other _____	

Ship Sales Kits To: **Group** **Contact Person** **Other Address (enter address information below)**
 Name _____ Address _____
 City _____ State _____ Zip Code _____ Day Phone _____

Dates Sales Kits Needed _____

Main Order Due Date _____ **Date Product Shipped** _____

Sales Incentive Levels

Level 1: 10-19 Units Level 2: 20-29 units Level 3: 30-39 units Level 4: 40-49 units Level 5: 50+ units

Signatures:

x _____ Date _____
 Authorized Chairperson Signature Sales Representative Signature

Sales Rep MATT EARLEY Phone 877-699-7807

Matt Emberg
 x _____ Date _____
 Sales Representative Signature

FAX to (315) 699-7807

Five Star Fundraising
 Call Matt: 1-877-699-7807
 (315) 699-7807
<http://fivestarfundraising.com>