

Organization Name:	Sales Rep Name: Deb Murray, Best Fundraising Ideas
Organization Address:	Phone Number(s): 860-384-3691

Contact Name:	Contact Emails:
Phone Numbers: Home: _____ Cell: _____ Office: _____ Fax: _____	Email Invoice to: Cc: info@best-fundraising-ideas.com

2019/2020 Brochures – Select 1 Brochure: <input type="checkbox"/> Otis Cookie Dough – Single Sheet <input type="checkbox"/> Otis Cookie Dough – 4 page <input type="checkbox"/> Otis All One Price Fun Raising <input type="checkbox"/> Otis Simply Delicious <input type="checkbox"/> Otis Extravaganza	Profit Structure: 400+ items sold = 40% 300-399 items sold = 38% 200-299 items sold = 35% 150-199 items sold = 30% 120-149 items sold = 25% Sales less than 120 items may be canceled at the discretion of UNIPAK Supply
# of Brochures (one/member):	Fundraiser Start & End Date:
Shipping Address for Brochures:	Special Instructions / Prize Programs / Incentives:

<input type="checkbox"/> INVOICE TERMS (Net 15 days) Only available for Public Schools
<input type="checkbox"/> PREPAY TERMS for all other groups. Orders process upon receipt of payment.

1. The agreement defines the terms and conditions of the fundraising program between the organization listed above & UNIPAK Supply
2. **Payments must be made (per selected invoice method) directly to UNIPAK Supply** at: 3912 Option Pass, Fort Wayne, IN, 46818. If payment is not made as required, the organization listed above specifically authorizes UNIPAK Supply to take whatever legal action becomes necessary to collect any outstanding debt, and further agrees to be responsible for whatever cost may be associated with collecting debt, including collection fees, reasonable attorney's fee, court costs, and any other expenses related to the collection of this debt. Past due payments will be charged a 1.5% finance charge per month. A \$25.00 service charge will be billed for returned checks. Payments made by VISA/MasterCard will incur a 2% upcharge. Payments made by American Express will incur a 4% upcharge.

For invoice terms this agreement must be signed by someone authorized to approve payments.

I hereby certify that the above individual, group, or organization has the authority to conduct business with UNIPAK Supply and shall be responsible for the terms and conditions of this agreement and payment in full.

Signature	Printed Name	Title	Date

* All Information submitted to UNIPAK Supply is confidential.