

Traditional Agreement

FUNDRAISING AGREEMENT AND PARTICIPATION FORM

Organization Name: _____
Contact Person: _____
Shipping Address: _____
City: _____ State: _____ Zip: _____
Contact Phone #: (____) _____ Alt. Phone#: (____) _____
E-Mail Address: _____ Fax #: _____

The contact person must be 18 years of age or older and does hereby represent and warrant that he/she is duly authorized by the participating organization to enter into this agreement of behalf of the organization. This is a binding contract.

This agreement is made this _____ day of _____, _____ between Candle Cottage and Participant. Candle Cottage agrees to provide the requested fund-raising items to Participant. Product will be shipped free of charge if within 200 miles. Any merchandise that is damaged or missing will be replaced or refunded providing notice of these items is given within 48 hours upon receipt. Any cancellation of order after receiving order materials will be charged for the total cost of these materials. Product sold may not be returned without written permission.

Participant agrees to terms set forth and to pay invoice due upon placing your order. Participant agrees to accept full responsibility for all fund-raising items ordered and agrees to minimum order requirements as specified. Participant also agrees to sell items and make checks payable to Candle Cottage the amount due for each item with MasterCard, Visa, check, money order or cashier's check.

Participant must provide a Tax Exemption Number or Resale Exemption Number in order to exempt participant from sales tax on all fund-raising items purchased. Participant is responsible for any local sales tax, if applicable.

Tax Exemption Number _____

Start Date of Fundraiser: ____/____/____ Order Turn in Date: ____/____/____

Delivery Date: ____/____/____ Terms: Check _____ Credit Card _____

Minimum Order Requirement:

100 pieces = 50% profit. If total sales fall below the minimum required amount = 40% profit.

Each Participant should receive a brochure/order form - # of Forms Requested: _____

of 16 oz Sample Candles Requested: _____ (\$ 7.00 each to be included in invoice due).

of Sample Bars of soap Requested: _____ (\$ 3.00 each to be included in invoice due).

Comments: _____

Participant Signature _____

Date _____

Candle Cottage Representative _____

Date _____

Candle Cottage, 203 S Main Street, P O Box 165, Crystal, MI 48818, 989-235-4501, www.americanheritagesoy.com