



mr. sock

A Great Fundraiser

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On the Web at: www.mrsock.net or www.agreatfundraiser.com

SALES AGREEMENT

School Name, Address & Phone

Responsible Party Name, Address & Phone

Name

Name

Phone

Fax

Phone

Fax

Physical Address for UPS

Address

City

State

Zip

City

State

Zip

E-mail address

E-mail address

Please initial the statements below

_____ I, as school representative, understand and agree that payment will be made within fourteen (14) days of the final delivery of the goods.

OR

_____ I, as responsible party for _____
Name of club, program or organization

understand and agree that payment will be made within fourteen (14) days of the final delivery of the goods.

(Due to our contractual obligations, if payment is not made in this time frame, the invoice price will be 5% higher)

_____ If required on the invoice, the following is the purchase order number

_____ I agree to the above initialed statements on this the _____ day of _____, 200__, and I will e-mail, fax or mail this to heading address.

Principal or School Official

Other Responsible Party