

Kids' Korner® RESERVATION FORM



ORDER #

Local Sales Representative:

SCHOOL NAME:			GROUP NAME:		
CHAIRPERSON:			DAYTIME CONTACT PHONE:		
BILLING ADDRESS:			CHAIRPERSON'S HOME PHONE:		
CITY:	STATE:	ZIP CODE:	CHAIRPERSON'S EMAIL ADDRESS:		
SHIPPING ADDRESS (if Different)			SHIPPING CITY & ZIP (if Different)		
SCHOOL OR DELIVERY ADDRESS TELEPHONE NUMBER			NUMBER OF CHILDREN IN YOUR SCHOOL		

PRESIDENT'S NAME:		HOME TELEPHONE NUMBER	
TREASURER'S NAME:		HOME TELEPHONE NUMBER	
DID YOU RUN A SHOP LAST YEAR? () YES () NO			
IF YES, WITH WHOM? _____			
AND HOW MUCH DID YOU PURCHASE FROM THEM? \$ _____ (Please enclose a copy of invoice)			
START DATE OF SHOP:	SHOP HOURS	DATE SHOP ENDS:	

For Office Use Only:

Group's request for Product & Terms:

We, the above named group, understand that Kids Korner® program is designed to run during school hours because it affords all the children in the school an opportunity to shop in a "Safe - Non-Commercial" atmosphere.

Therefore:

1. In order to receive enough merchandise for our children to purchase, without having to place a reorder, we wish to have \$ _____ worth of merchandise delivered to us.
2. We understand that all items will be billed to us the group's wholesale price.
3. We understand that we may return all unsold merchandise for full credit and you will pay the freight both ways.
4. We understand we do not have to inventory the product when it arrives or when the sale is over as long as we keep the merchandise secure, use the company's accounting system, do our best to prevent shop lifting and remit fund due within 24 hours of completion of our sale. ____ Intl.
5. We understand we are to run the Gift Shop program like a **"going out of business sale"** for **three or more days during school hours**. ____ Intl.
6. We understand the company will provide us with FREE Flyers & Gift Guide Envelopes for _____ students and a FREE supply kit of Table Cloths and Gift Bags for the merchandise we have ordered.
7. We understand that there is no prepayment required and we agree to pay for product sold within 24 hours of completion of our Gift Shop sale.
8. We understand that if our returns are under 40% and we pay our bill within 24 hours of completion of our sale we will receive a 10% prompt pay discount off group's wholesale price,
Or if we decide to keep all the product shipped us and we pay our bill within 24 hours of completion of our sale we will receive a 25% discount of our adjusted invoice.
9. We understand that all Kids' Bucks will be first deducted from our total sales before any other discounts are applied.
10. **We further understand that we may not cancel this agreement after October 1, 2010.** ____ Intl.

DATE:	SALES REPRESENTATIVE:
Authorized Group Signature No. 1	Authorized Group Signature No. 2