

Date: \_\_\_\_\_

**BILL TO:** \_\_\_\_\_ **SHIP TO:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_ **CONTACT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**City:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Prov:** \_\_\_\_\_ **Postal:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **Postal:** \_\_\_\_\_

FUNDRAISER CHOOSE YOUR PROGRAM	PROFIT		DEADLINE DATES CHOOSE FROM THE 7 DEADLINES
	Under \$10,000.00	Over \$10,000.00	
<input type="checkbox"/> CELEBRATE 2015	<b>45%</b>	<b>50%</b>	<input type="checkbox"/> Forms to our office by October 2 Delivery week of October 26
<input type="checkbox"/> REWARDS	<b>45%</b>	<b>50%</b>	<input type="checkbox"/> Forms to our office by October 9 Delivery week of November 2
<input type="checkbox"/>	<b>45%</b>	<b>50%</b>	<input type="checkbox"/> Forms to our office by October 16 Delivery week of November 9
<input type="checkbox"/> MAGAZINES ( \$10.00 PROFIT PER SUBSCRIPTION )	<b>45%</b>	<b>50%</b>	<input type="checkbox"/> Forms to our office by October 23 Delivery week of November 16
<input type="checkbox"/>	<b>45%</b>	<b>50%</b>	<input type="checkbox"/> Forms to our office by October 30 Delivery week of November 23
<input type="checkbox"/> CHOCOLATE DREAM ( 40% PROFIT ONLY )	<b>45%</b>	<b>50%</b>	<input type="checkbox"/> Forms to our office by November 6 Delivery week of November 30
<input type="checkbox"/>	<b>45%</b>	<b>50%</b>	<input type="checkbox"/> Forms to our office by November 13 Delivery week of December 7

**Client agrees not to combine this fundraiser with any other program aside from that offered by DFS. ( Please Initial )**  
**FAILURE TO COMPLY WILL RESULT IN LOSS OF 5 % PROFIT**

**NOTES:**

**A Deposit calculated at 25% of estimated retail sales is required at the time of order submission.**

- DFS will replace quantity or product discrepancies and damages, at no charge to Client, provided report is given within 14 days of catalog product receipt. "Damages & Missing Form" must be completed at the time of product receipt and faxed/e-mailed to DFS within above set times to be eligible for no charge replacement & shipping of missing/damaged items.
- DFS will accept payment in the following forms: Cheque, Money Order, or Credit Card (Visa, Mastercard, American Express). Payment in full shall be due 7 calendar days from product receipt for Calalog Sales.

Direct Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
 # Participant: \_\_\_\_\_ Brochure Arrival Date: \_\_\_\_\_  
 Program Start Date: \_\_\_\_\_ Program End Date: \_\_\_\_\_  
 DFS Sales Rep: \_\_\_\_\_ DFS Headquarter Rep: \_\_\_\_\_

**DIELEMAN SALES WILL INSERT A PARENT LETTER INTO YOUR BROCHURE PACKAGES, THESE LETTERS WILL HAVE YOUR SCHOOL/GROUP ID NUMBER FOR ONLINE SALES.YOUR SELLERS WILL NEED THIS ID# TO REGISTER**

SCHOOL/GROUP NAME: \_\_\_\_\_

MAKE CHEQUES PAYABLE TO: \_\_\_\_\_ Due date for forms & money \_\_\_\_\_

**Authorized Personnel:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_