

Information Sheet

Contact Name _____

Contact Number _____

Address for Product Delivery

Street _____

City _____

State _____

Zip Code _____

Fundraiser Start Date _____

Fundraiser End Date _____
(recommended time 2-3 weeks)

Total Number of Fundraiser Forms Needed _____

Tax Exempt ID _____

1. Product will be delivered one-two weeks from day of order submittal.
2. Bu signing invoice upon delivery, customer agrees delivery count is complete.
3. Payment must be sent with order. Product will be made upon receipt of payment.
4. Any shipping costs are the organization responsibility and will be invoiced with product.
- 5.

By signing below you agree to the above conditions.

Signature

Date

Please return this to Mike's Popcorn

Fax: 920-462-4584

Email: info@mikespopcorn.com

Mail: Mike's Popcorn, 3701 Progress Way, Kaukauna, WI, 54130

Mike's Popcorn Representative _____