

Holiday Wonderland Gift Shop Fall 2024 Program Agreement for DODDS & outlying areas



4070 Nenana Dr., Houston, TX 77025 Phone: (713) 649-2100				Title Phone:						
Fund Resources, Inc. E-Mail: fundresources@att.net			_		Print Name:Date:					
Fund Resources Representative:				Sponsoring Organization Representative:						
Terms: Payment by organization in after the scheduled end of the prowith the payment. Organization makes automatically incur a 10% Organization loses discount off me	ogram at the school. A co hay instead pay by credit/ Late Charge, and a servio	ompleted Sta debit card of ce charge of	andard E on line (i f 1 ½% pe	Billing Summary and f nstructions for doing er month (.05% per c	illed o g so w lay/AF	out set of r ill be provi PR=18%) wi	return inven ded.) Payme II be applied	ntory sl ents no d to all	neets must be include t postmarked by the past due invoices.	
total on billing summary if you sign up by Sept. 30, 2024; or a 4% discount off Holiday W or 2% discount off Holiday Wonderland merchandise sub-total on billing summary if you si retail value. Fund Resources will provide and do: 1. A selection of gift merchandise on consignment for students to purchase. 2. Announcement flyer, money envelope, & shopping bag for each student. 3. Gift bags for gifts, posters and tablecloths. 4. Chairperson's Instruction Booklet. 5. Inventory sheets, price guides, and billing paperwork. 6. Mail the merchandise free via Priority Mall, and reimburse for organization to mail back leftovers via standard mail (parcel post) after shop ends. 7. Take back ALL unsold and unmarked merchandise, as long as it is returned according to instructions in Chairperson's Instruction Booklet and in the manner required (via standard mail.) Returned for credit should be postmarked within ten (10) days after the end of the sale. No returns for credit will be accepted after Jan. 15, 2025.			oliday Wo							
Initial Choices:Bilin Note:Bonuses: Sign up and receive the for			between				under \$2.00			
			ce):							
Amount paid previous vendor: \$ % profit used la Organization chooses pricing to make profit margin of (Initial choice):					_		lays last ti		MCH	
Sales Dates:					1					
School Enrollment:	Grades Served:		# of C	Classrooms:		Sponsoring Organization:				
E-Mail:				Phone:	Phone: E-Mail:					
Phone: Cell:				Treasurer:						
APO/FPO/City/State/Zip										
Home Address 2:				E-Mail:						
Home Address:				Phone: Cell:						
Chairperson:				President:						
School District:					Principal E-Mail:					
APO/FPO/City/State/Zip					Principal:					
Address 2:										
Address:					School Fax: ()					
School:						ol Phone:	()			