

**Fowler's Chocolates Candy Bar Fundraising Order Form:**

<b>DATE:</b>		<b>Email to Rob@FowlersChocolates.com, or fax to (716) 877-9959</b>	
<b>PRIMARY CONTACT INFO (*Required):</b>		<b>DELIVER TO ADDRESS or PICK UP LOCATION:</b>	
Name*:		Name*:	
Address*:		Address*:	
City / State / Zip*:		City / State / Zip*:	
Email:		Email:	
Phone #1*:		Phone #1*:	
Phone #2:		Pick up at Fowler's Location?*	
Organization Name:		Special Notes:	
Position with Organization*:			
Pick-Up / Delivery Date*:		Requested Time*:	Terms:

# of Boxes Ordered	Fowler's Item ID#	Description	Bar Qty Per Box	Cost per Box	Total Price
	820	MIX - 48 Count Box (12 each Almond, Caramel, Krispy, Peanut Butter)	48	\$24.00	
	821	MIX - 48 Count Box <b>FREE BONUS BOX</b> - (Eligibility terms apply)	48		
	822	ALMOND - 48 Count Box	48	\$24.00	
	823	CARAMEL - 48 Count Box	48	\$24.00	
	824	KRISPY - 48 Count Box	48	\$24.00	
	825	PEANUT BUTTER NEW 48 Count Box	48	\$24.00	
	826	Custom Mix 48 Count Box (For 2 and 3 flavor mixes - specify in notes below) (\$2 Extra)	48	\$26.00	

<b>Special Instructions?:</b>	<b>Enter Tax Rate:</b> 8.75%	Taxable	Balance Due	No Tax

**Fowler's Chocolate's Fundraising Credit and Invoicing Application - Organizations Only**

<b>ORGANIZATION CONTACT INFO (Required only for Invoicing Terms):</b>		<b>Secondary Contact (Required if Primary and Organization are the same)</b>	
Organization's Head - Name*:		Name*:	
Organization Name*:		Address*:	
Address*:		City / State / Zip*:	
City / State / Zip*:		Email:	
Email:		Phone #1*:	
Phone*:		Phone #2:	
Fax:		Position with Organization*:	
Organization Website*:		Other:	

**Authorization and Acknowledgement:**

**The Organization, Primary Contact, and Secondary Contact** (required if Organization and Primary Contact are the same) **agree to be responsible for payment in full, including any late fees, fees on checks returned for insufficient funds, and legal fees implemented to collect any unpaid invoice.**

**By signing below, I, the Organization Head, hereby authorize the Primary Contact and/or Secondary Contact** (Required if Organization and Primary are the same) **to order and pay on behalf of the Organization.**

Organization Head - Signature:

Date:

**By signing below, I, the Primary Contact, hereby acknowledge that I have been authorized to order and pay on behalf of the Organization.**

Primary Contact - Signature:

Date:

**By signing below, I, the Secondary Contact** (required if Organization and Primary Contact are the same), **hereby acknowledge that I have been authorized to order and pay on behalf of the Organization.**

Secondary Contact - Signature:

Date:

*Fowler's offers invoicing terms of Net 30 only to organizations, and only for orders of 35 or more boxes and within 50 miles of the Fowler's factory. Orders over 50 miles may require larger orders for invoicing. Orders over 100 miles may not be eligible for invoicing. (Full list of Terms and Conditions available online)*

*Fowler's sincerely appreciates your payment on time. Any invoices paid late will be subject to a 2% per month (24% annual rate) late fee. Any invoices paid late may result in the removal of any discounts applied, and any free boxes being added to the invoice at full value.*

*Any previous order must be paid in full before another order may be delivered.*

*Fowler's will accept cash, check, money order, and credit/debit cards. Fowler's can only accept check payments from the Organization, Primary Contact, and/or Secondary contact. Fowler's Chocolates Gift Cards are not redeemable towards Fundraising purchases.*

*Any invoice paid by a check returned for insufficient funds will be subject to a \$35 fee*

***Fowler's must have a signed authorized tax exempt form (ST-119) on file when the invoice is paid, or applicable sales tax must be collected.***

**Thank You, and Good Luck!**