



APPLICATION FORM

ORGANIZATION INFORMATION (i.e., Group holding Fundraiser)

Organization Name _____

Organization Address _____

City _____ State _____ Zip _____

Phone(_____) _____ Fax(_____) _____

E-mail _____

Website Address (if any) _____

Organization State Sales Tax ID # (if any) _____

Type of Organization: ___ Educational ___ Religious ___ Community ___ Charitable

CONTACT INFORMATION (Person in charge of, or responsible for, your Fundraiser)

Name _____

Affiliation with Organization/Title _____

Daytime Phone(_____) _____ Cell Phone(_____) _____

Preferred Contact Phone # for the date of your pick -up/delivery(_____) _____

E-mail _____

PURPOSE OF FUNDRAISER _____

PROPOSED DATE OF FUNDRAISER _____

I certify that I represent the Organization applying to purchase KYVAN® products. I understand that any proceeds from any resale of Fundraising products purchased by this organization will be used for the purpose stated above and not for individual/commerical gain or profit.

Signature _____ **Date** _____

ADDITIONAL COMMENTS

This portion is to be filled out by KYVAN® Team member.

Date received by KYVAN® _____

Approved: _____ YES _____ NO

KYVAN® Team Member Signature _____