



## PURCHASE AGREEMENT

Fundraiser Start Date\_\_\_\_\_ End Date\_\_\_\_\_

Number of participants\_\_\_\_\_

Purchasing Organization\_\_\_\_\_

Address\_\_\_\_\_

City/State/Zip Code\_\_\_\_\_

Name of responsible party\_\_\_\_\_

Phone Number(s)\_\_\_\_\_

Email\_\_\_\_\_

We will return all completed order forms to KYVAN® on\_\_\_\_\_

and are requesting a delivery date(please allow a 10-14 day turn around) to the address listed above on\_\_\_\_\_

All orders must be paid when completed order forms are returned to KYVAN® Foods. We accept cash or company check. Checks must be made out to 82's, LLC our parent company.

Please return completed form to fax number **678-889-2054** or email **info@kyvan82.com**

