



Fall Sale

Reservation Form 300 Spagnoli Road Melville, NY 11747 631-777-2400 fax 631-777-1449

NEW ACCOUNT					ı		Day Sale Day Sale	
OLD ACCOUNT	ACCOUNT #				Father's Day Sale Combo Sale			
ORGANIZATION NAME								
ADDRESS								
CITY				STATE		ZIP	CODE	
SCHOOL PHONE #								
CHAIRPERSON NAME				CELL#		j _H	IOME #	
EMAIL								
HOME ADDRESS								
CONTACT #2				CELL#		[н	IOME #	
EMAIL								
START DATE		END DATE	E	ENROLLMENT				
DELIVERY DATE			LOCATION					
PICK UP DATE			LOCATION					
			PROMOT	IONAL ITEMS				
These items you	will receive	prior to your	sale.	These items yo	ou will rece	ive with	your boutique o	delivery
LETTERS	Yes			•	CASH REGISTERS			No
ENVELOPES	Yes		No		% MAF	QTY. RK UP	15	25
POSTERS	Yes		No	SHOPPING BASKETS	YES	NO	18	36
AF	DITIONAL I	NEODMATION			TABLECLO	OTHS	Yes	No
ADDITIONAL INFORMATION					GIFT E	BAGS	Yes	No
				SI	HOPPING E	BAGS	Yes	No
				ACCEPTING CREDIT			Yes	No
Call in all reorders by	2:00pm Ea:	stern Time		CARD P	REPAYMEI	NTS?	100	110
Please email your fina Remember to keep a	_		clude it with the	products being return	ed and labe	el that bo	x.	

Salesperson Signature_____ Chairperson Signature_____ Date ____