## VIP SAVINGS NETWORK® PURCHASE ORDER AGREEMENT

SCHOOL/ORGANIZATION NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
PRIMARY CONTACT:	SECONDARY CONTACT:
MOBILE PHONE:	MOBILE PHONE:
E-MAIL:	E-MAIL:

CARDS ORDERED:	NUMBER OF PARTICIPANTS:
COST PER CARD:	TOTAL:
DELIVERY DATE:	END DATE:
1ST PAYMENT DATE:	2ND PAYMENT DATE:

1- VIP CARD RETAIL PRICE IS \$20.00 WITH \$10.00 PROFIT TO SELLER, PRIMARY CONTACT IS RESPONSIBLE FOR PAYMENT OF VIP CARDS

2- PAYMENT IS REQUIRED FOR YOUR ORDER ON OR BEFORE 60 DAYS FROM DELIVERY DATE

## 3- \$10.00 CHARGE APPLIES TO LOST OR NON-RETURNED CARDS AND 10% LATE FEE APPLIES IF ACCOUNT IS NOT PAID IN FULL BY DUE DATE

PRIMARY CONTACT

DATE

VIP REPRESENTATIVE

AGREED AWARDS & INCENTIVES: \_\_\_\_\_

IMPORTANT: ACCOUNT MUST BE PAID IN FULL, FOR AWARDS TO APPLY