Savings Products
A Division of Great American
2451 Atrium Way • Nashville TN 37214
Toll Free 800.861.5273 • Fax 615.986.9665

PROGRAM AGREEMENT

Representative Eric Johnson Cell Phone (513) 401-1175 GA Rep# 8030741

GROUP INFORMATION

Organization: Ryle High School
Group: Girls Basketball
Sponsor Name: Katie Haitz
Total Members: 25 # of Classes
Address: 10379 US 42
City: Union ST: KY Zip: 41091
Work#: ( ) Home#: ( )
Cell#: ( ) Fax#: ( )
Email: Katie.haitz@boone.kyschools.us

IMPORTANT DATES

Need by: 10/26/18
Kick Off: 10/30/18
Sale End (Invoice Date): 12/15/18

SHIPPING INFORMATION

Ship To:
- ● Representative
- ☐ Sponsor
- ☐ Other
- ☐ GIVEN OUT by Sales Rep

Ship To Other:
Name:
Address:

NOTES

SAVINGS PASS

- ☐ New Account
- ☐ Repeat
- ☐ Custom (600 minimum)
- ☐ Areawide (1000 minimum)

Total Order Qty:

☐ Order Taker Flyers Price:
Total Order Qty: ☐ Yes $ ____ ☐ No

STANDARD
- ☐ $10 Standard Pass
- ☐ $10 Pass + 1 KeyTag
- ☐ $15 Pass + 2 KeyTags
- ☐ $20 Pass + 3 KeyTags

PREMIUM
- ☐ $20 Premium ☐ Circle ☐ Football ☐ Rectangle (all premium passes include wrapper unless otherwise noted by GA Rep)
- ☐ $10 Split Keytag

SPECIALTY ITEMS

☐ National Savings Card 1057609
Total Order Qty:

☐ 4x4 Entertainment Card 1061701
Total Order Qty:

SAVINGS BOOK

NAME OF BOOK
City Saver - Cincinnati

☐ Custom ☐ Non-Custom Order Qty. 320

Profit%: 40 45 (50) (Default is 50% unless otherwise marked)

Lost or stolen books will be charged at $2.00 each

☐ Clear Bag 1054609
Total Order Qty:

☐ Order Taker 1054681
Total Order Qty:

APPROVALS

Front Proofs:	☐ Representative	☐ Sponsor
Back Proofs:	☐ Representative	☐ Sponsor

Proof Email/Fax #:

SCRATCH CARDS

STYLE:
- ☐ 30 Dot
- ☐ 60 Dot

COUPONS:
- ☐ National
- ☐ Custom
- ☐ Custom Full

If you choose to personalize, you will need to scan and email gaSavings@gafundraising.com a high resolution photo.

AGREEMENT GUARANTEES & POLICIES

GUIDELINES: Great American Savings Products agrees to contact merchants to secure discounts, design and print cards at no initial cost to organization. Group agrees to sell the product for face value printed on product and begin selling the product based on the kickoff date stated above.

MINIMUMS*: Standard: 600 Cards, Initial order 600-1,199. Group must guarantee payment of 600 cards. For 1,200+ cards, Group must guarantee payment of 50% of initial order. Minimum order for Scratchcards is 10. Premium: 300 Cards

DELIVERY: Great American agrees to deliver the product on the stated "Need By" date, PROVIDED ALL MATERIALS ARE RECEIVED AS FOLLOWS: Program Agreement, Merchant Wish List, and Artwork Form. We reserve the right to move back the "Need By" date if all materials are not received on time or are incomplete. Any approval requests not responded to in 24 hours could delay delivery dates.

REORDERS: Minimum 300 cards. Any initial order of 600+ cards minimum reorder is 100 cards and group must guarantee payment of 50% of any reorders.

PAYMENT: Group agrees to make payment to Great American Savings Products, Inc. within 30 days after the kickoff date. MAIL TO: PO Box 306047, Nashville TN, 37230-6047

CANCELLATION: If a program is canceled after an order has been placed and accepted by Great American Savings Products, A CANCELLATION FEE will be determined. Fee will be assessed in regards to the extent of merchant and graphics work completed. Signature on this contract holds sponsor responsible for any fees associated with a canceled program.

BOOKS ADDENDUM: Lost and damaged books will be charged $2 per book. Returns will be credited to the Sponsor only when the Representative picks up the excess items.

SCRATCHCARD ADDENDUM: Great American Savings Products agrees to deliver the product according to the coupon type selection. National coupons can be delivered in 5 business days, Custom (National + 2 local offers from your areawide) require 10 days and Full Custom requires up to 45 business days with a required minimum of 100 cards. If you do not have an Areawide Card, please contact GA Savings to build one.

PROGRAM AUTHORIZATION

I HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS.

Authorized Signature: Katie M Haitz
PERSON RESPONSIBLE FOR PAYMENT

Print Name: Katie Haitz

Date: 8-31-18 PO#:

Social Security # NON-SCHOOL ONLY (REQUIRED)

OFFICE USE ONLY

ARL# SPR#

GRP# CONT#

MAT# SCH#

ORDER# REORDER#