



**IN HOUSE USE ONLY**  
 New Acct  Existing Acct  
 Customer #: \_\_\_\_\_  
 SC: \_\_\_\_\_  
 RUSH – Expedite: Y / N

**SALES KIT REQUEST FORM**

Distributor Name: \_\_\_\_\_ Distributor ID: \_\_\_\_\_

Distributor Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Organization Detail:**

Name of Group: \_\_\_\_\_

Chairperson: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**Ship Materials To:**  Same as above OR fill in below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Campaign Start Date:** \_\_\_\_\_ **Campaign End Date:** \_\_\_\_\_  
**# of Sales Kits Requested:** \_\_\_\_\_ **# of Participants Expected:** \_\_\_\_\_  
**Materials to Arrive by Date:** \_\_\_\_\_ **Anticipated Sales:** \_\_\_\_\_  
**Is this group running an online campaign?** YES  NO

YES  Please expedite materials for a flat fee of \$20.00 (FedEx 3-day) to be deducted from my monthly commission check.

**Three Easy Steps:**

1. Fill out one Sales Kit Request Form per group.
2. We will ship Sales Kits directly to the organization for you.
3. Sign our Sales Agreement, acknowledging your understanding of how the program works.

**Email, mail or fax both forms to Howard Hoffman**

*Howard Hoffman, Marketing Manager*

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