

Application & Agreement

Date of Application: _____

Start Date of Fundraiser: _____

Name of Organization: _____

Name to be printed on Coupons: _____

Billing Address

City

State

Zip

Shipping Address

City

State

Zip

of Coupons _____ # of Books _____

Note: Coupons come in books of 10. Minimum order is 200 coupons or 20 books.

This agreement, made this ____ day of _____ 200__ between Rutter's of 2295 Susquehanna Trail, Suite C, York, PA 17404 and

(Organization Name) hereinafter referred to as "Organization".

Now therefore, in consideration of the mutual promises contained herein, it is agreed as follows:

1. Rutter's will permit the Organization to sell coupons for deli sandwiches for participating Rutter's locations as part of a fundraising project for the Organization.
2. Within 60 days of receipt of the coupons ordered, the Organization agrees to reimburse Rutter's \$2.00 per coupon sold plus an additional \$1.00 per book fee for each unsold book returned regardless of the number of coupons in the book. This payment must accompany the payment for sold coupons, in the form of a check or money order and sent directly to Rutter's at the address listed above, **Attention: Fundraising.**
3. The undersigned, individually and on behalf of the Organization, agrees to be held responsible for the number of coupons ordered above and received from Rutter's for deli sandwiches and hereby agrees further to be individually liable for the payment of all sold coupons, the return of any and all unsold coupons, plus fees and payment for lost or stolen coupons within 60 days of the agreement date stated above.
4. If coupons are lost or stolen, the Organization will reimburse Rutter's for \$2.00 per coupon whether or not the loss is due to any negligence on the part of the Organization.
5. The Organization agrees to indemnify and hold harmless Rutter's in connection with any liability incurred as a result of the sale or distribution of the coupons for deli sandwiches as referred to herein.

Signature of Person Responsible (REQUIRED)

Printed Name of Person Responsible

Driver's License #

State

Please mail or fax application to:

Rutter's · c/o Fundraising 2295 Susquehanna Trail · Suite C · York, PA 17404 OR Fax to (717) 815-2833

FOR RUTTER'S OFFICE USE ONLY

Date Received _____ Serial #'s Issued _____ Approval _____