



# Sales Agreement and Order Information

## PROGRAM OPTIONS (please check one)

- \_\_\_\_\_ #1 Purchase products at a **30% Discount** for a fundraising event - NO returns of unsold items.  
\*\*\*You will receive a COUPON CODE by email to use when you order online...the code will calculate the 30% DISCOUNT off the retail price. Pay with Credit Card or Paypal when ordering.
- \_\_\_\_\_ #2 Order YOUR choice of products on **CONSIGNMENT**. You can return unsold items.  
\*\*\*You will receive a COUPON CODE by email after we receive this form, AND you have **set up an account on our website** to order online. You can choose 30-day payment plan in the payment window.
- \_\_\_\_\_ #3 Receive one box of products we choose for you on **CONSIGNMENT** to sell at your event. You can return unsold items. 30-day payment plan from date of your event.

## CUSTOMER ACCOUNT

- The individual establishing this account accepts financial responsibility for the account.
- **PAYMENT OPTIONS:**
  - OPTION #1: Credit card or Paypal to receive 30% discount when ordering online.
  - OPTION #2 or 3: We prefer a check, but you can pay with credit card or paypal for consignment sales. You will receive an invoice by email after your returns are calculated.

## CUSTOMER INFORMATION

Organization \_\_\_\_\_ Contact Person \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residential address \_\_\_\_\_ Business/church address \_\_\_\_\_ Contact person's phone # \_\_\_\_\_

Email \_\_\_\_\_

\*\*\*Watch your email to receive COUPON CODE for Option #1 or #2.

**EVENT DATE** \_\_\_\_\_ Approximate Date you would like to receive order \_\_\_\_\_

What type of event are you having? \_\_\_\_\_ How many do you expect to attend? \_\_\_\_\_

### 30 DAY PAYMENT GUARANTEE:

If you are Hosting a Sale with a 30-Day CONSIGNMENT Payment plan (OPTION #2 OR 3) , please fill out this section as a credit card guarantee (you may also call with this information.) Final Payment can be made by Credit Card, Check or Paypal. We prefer a check if possible.

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

CID (# back of card) \_\_\_\_\_ Billing Zip Code \_\_\_\_\_ Authorized Signature \_\_\_\_\_

### SUBMIT THIS FORM:

Scan and Email: [communications@eternalthreads.com](mailto:communications@eternalthreads.com)

Mail: P.O. Box 836, Gretna, NE 68028