

- ( ) New Account
- ( ) Old Account
- # \_\_\_\_\_
- ( ) Tax Exempt \*
- # \_\_\_\_\_
- ( ) NEW CONTACT INFO



Date Sent \_\_\_/\_\_\_/\_\_\_  
 # of Cartons \_\_\_\_\_  
 Sent Via: \_\_\_\_\_

## Reservation Form

300 Spagnoli Road Melville NY 11747  
 631-777-2400 fax 631-777-1449

**FROZEN w/TALLY**      **FROZEN No TALLY**      **NO-FROZEN w/TALLY**

**NO-FROZEN**  
 No Tally Ship-To-School  
**OR**  
 No Tally Ship-To-Home Only  
 SCHOOL     PTA

ORGANIZATION NAME: \_\_\_\_\_

CONTACT 1: \_\_\_\_\_ CELL #: \_\_\_\_\_ HOME #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CONTACT 2: \_\_\_\_\_ CELL#: \_\_\_\_\_ HOME #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ ALT. SHIP TO NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ MATERIALS NEEDED BY: \_\_\_\_\_

**SALE STARTS**                      **SALE ENDS**

\_\_\_\_\_ TO \_\_\_\_\_ MATERIALS RECEIVED BY: X \_\_\_\_\_

**ORDER FORMS DUE BY** \_\_\_\_\_

- ( ) FALL BROCHURE: \_\_\_\_\_ %
- ( ) SPRING BROCHURE: \_\_\_\_\_ %
- ( X ) ONLINE SALES: \_\_\_\_\_ %

**ASSEMBLY DATE – TIME**

\_\_\_\_\_ -- \_\_\_\_\_

Qty. of Sales Kits Required \_\_\_\_\_

**DELIVERY RESERVATION INFO**

DELIVERY DATE: \_\_\_\_\_

**OR**

DELIVERY WEEK OF: \_\_\_\_\_

DELIVERY INSTRUCTIONS:

\_\_\_\_\_

\_\_\_\_\_

**PARENT LETTER**    YES  NO

**SPECIAL PRINTING** \_\_\_\_\_

**AWARD PROGRAM**    YES  NO

**ADDITIONAL INFORMATION:**

PREVIOUS YEAR BILLING AMOUNT: \$ \_\_\_\_\_

SALES PERSON \_\_\_\_\_

CHAIRPERSON \_\_\_\_\_

DATE \_\_\_\_\_

PHONED TO \_\_\_\_\_

**Note: To receive incentive, invoice must be paid in full.**

NOTE: IN ORDER TO QUALIFY FOR TAX EXEMPT STATUS, PLEASE ATTACH A CURRENT TAX EXEMPT CERTIFICATE.