

Pexagon Store-It Thumb Drive Fund Raising Application

Fund Raiser/ Organization Name: _____

Contact Name: _____

Title: _____

Contact Address _____

Phone Number: _____

Email: _____

Product: **All products sold on website other than clearance or sale items** _____

Revenue Share: 20 %

Start Date: _____

End Date: _____

Fundraising Code: (to be completed by Pexagon Technology)

How will you promote the Fund Raiser?

___ Website ___ Mailing pamphlet/brochure
___ Newsletter ___ Email Communications
___ Other (please specify): _____

Make Checks Payable to:

Make Checks Payable To: _____

Street Address: _____

City _____ State: _____ Zip: _____

Phone Number: _____

Rules & Regulations

- Revenue share will be paid on only those products listed on this form
- Revenue share will only be paid on orders referencing specific Fund Raising Code
- Revenue share will be paid on a quarterly basis for prior quarter's qualifying orders
- Revenue share percentage subject to change
- Pexagon will issue 1099s for all cumulative payments over \$600 per year if required.

Submitted By: _____ Date: _____

PLEASE RETURN SIGNED COPY VIA EMAIL TO: tjacquot@pexagontech.com

Pexagon Approvals:

Approved By: _____ Date: _____

Forward Completed Form To:

- 1.) Pexagon Sales Account Manager
- 2.) Pexagon Web Business Development Manager
- 3.) Pexagon Director of Business Operations
- 4.) Pexagon Accounting Manager