

Sub Sale Request Form

In order to help us expedite the sub-sale, please complete this form in its entirety.

After completing and filling out this application:

- E-mail, fax or bring this form to the Italian Kitchen.
E-mail: italiankitchenpv@gmail.com, fax: 856-678-4156
- Please provide us with a sample of your ticket so we can verify the dates (year must be included).
Please include Hot/Sweet Peppers \$0.50 are an additional charge and all coupons must be numbered.
This helps us to ensure fraudulent coupons.
- Someone will get back to you to let you know that your request has been approved. Unapproved coupons will not be accepted.

Name of your organization: _____

Summarize the focus of your organization (i.e. shelter, school, healthcare):

Shipping address (P.O. Boxes cannot be accepted): _____

Contact Person: _____

Phone number: _____ Non-Profit I.D. #: _____

What are the dates you would like to hold your sub-sale? _____

How many coupons do you anticipate selling for your sale? _____

E-mail address: _____

By signing this form you agree to pay \$5.50 per coupon redeemed. Sub sales can last NO longer than 4 months. Any sub sale lasting 4 months will be required to make a settlement payment after the first 2 months and final payment at the completion of sale.

Payment must be received within 2 weeks of the ITALIAN KITCHEN CONTACTING YOU with your final count. Late payments will be subject to a 5% late fee of your total sub sale cost. Payments can be made by cash, check or credit card. If paying by credit card a 3% fee will be added to your total sub sale cost.

Signature: _____ Date: _____