



The Lost River Wave Express Tunnel
Quicksilver Touch Free Tunnel
Three Do-it-yourself Spray Bays
Soap My Pet, Pet Wash

3156 Nashville Road, Bowling Green, Kentucky 42101
P 270-780-7717
www.Soapmyride.com

50-50 Card Sales Fundraiser Agreement

Please print in black ink only! The following information must be completed in order to process and initiate your participation in this program. Our Fundraiser Program is a charitable donation program. Soap My Ride reserves the right to select the organizations that we choose to support. Please return this completed form to: **customerservicesmr@gmail.com** or with a **Soap My Ride Representative** to begin processing your request and to reserve your 30-day period.

Organization: _____ **# of Members:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Responsible Sponsor of Group - Name: _____ **Title:** _____

Phone Number () _____ **# of Cards Requested:** _____ **30-day period requested:** _____

Credit Card Information used to secure purchase

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

CC # _____ - _____ - _____ - _____ **Exp.:** _____

Security Code: _____ **CIRCLE ONE: VS MC AX DS**

IMPORTANT TAX INFORMATION NEEDED:

Organization's Federal Tax I.D. # _____

Please Check one box below that applies to your organization:

Recognized by government as a non-profit organization (or authorized sub-group). Please attach a copy of your tax exempt certificate or other official documentation recognizing non-profit status. If your organization is a public school, government agency, church, or local chapter of a national non-profit group, no documentation is required.

Not recognized by government as a non-profit organization. Please note that you will be required to complete a Tax ID form (W-9) in order for your check to be processed. An official representative of your organization will be asked to complete this agreement prior to receiving fundraiser packet.

Agreement Terms: Approval of this agreement is at the sole discretion of Soap My Ride. Please note that this agreement must be approved prior to starting your Fundraiser program. This agreement may be terminated and/or cancelled by written notice at any time during the term of this agreement by either party. Not valid with any other discounts or offers. By signing this contract I understand that all promotion cards are to be the sole responsibility of the **Organization Representative** to ensure return of unsold cards or pay in full for all cards not returned. A valid credit card will be required to release the cards to the organization. This card will be charged for the full amount (\$13.00/card) if the unsold cards and/or payment are not received within net 30 days. Under no circumstance are promotion cards to be sold or distributed on Soap My Ride property, parking lot/area adjacent to, or vicinity of. **No guarantee or warranties of any kind are made by either party hereto as the anticipated success of this program.**

The terms above are agreed and accepted by

Organization Representative: _____ **Date:** _____

(Not valid unless signed by Organization Representative.)

Agreement Checklist: Did you...
 Sign the bottom of the agreement.
 Fill out the **IMPORTANT TAX INFORMATION** section correctly and clearly?

To be completed by Soap My Ride's Fundraising & Charity Coordinator
Date CC Verified _____ **Date Cards Given** _____
Cards Given _____ **Payment Due Date** _____