



Purchase Agreement

Fundraiser Start Date _____ End Date _____ # of participants _____

Purchasing Organization _____

Address _____

City/State/Zip _____

Name of responsible party _____

Phone number(s) _____

Email _____

We will return all completed order forms to Good Golly's on _____

and are requesting a delivery date (please allow a 10 -14 day turn around) to the address listed above on _____

All orders must be paid when completed order forms are returned to Good Golly's. We accept Visa/MC/Discover/Amex/ Company Check/Cash. Checks must be made out to Edibelles, our parent company.

Please return completed form to fax number 855-334-2355 or email sales@goodgollys.com

