



Affiliate Code

# Fundraising with True Blue Auto Glass

## Application Form

Today's Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_ Email: \_\_\_\_\_

Does your organization prefer to be paid electronically via Paypal? Yes No

If Yes, please provide your organization authorized Paypal email: \_\_\_\_\_

Name to make check payable to: \_\_\_\_\_

Mailing address of check: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_

Are you recognized by the government as a non-profit organization? Yes No

**Agreement terms:** Approval of this agreement is at the sole discretion of True Blue Auto Glass. This agreement may be terminated and/or cancelled with thirty (30) day's written notice at any time during the term of this agreement by either party. The proceeds to the organization will be 5% of the pre-tax sale receipts generated by your organization's referrals. A check or electronic payment will be issued to the organization on a monthly basis within 14 days of the previous month. No guarantees or warranties of any kind are made by either party as to the anticipated success of this fundraising effort. The terms above are agreed and accepted by:

**Organization Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be completed by True Blue Auto Glass**

**General Manager Approval Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Corporate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank you for partnering with True Blue Auto Glass. We love to work with non-profits in helping them with their fundraising needs. Please submit this completed form to [fundraising@trueblueautoglass.com](mailto:fundraising@trueblueautoglass.com).