



A: _____ S: _____

Q: _____ E: _____

1-800-826-9099 • (772)461-6669 direct • (772)-466-5920 fax • P.O. Box 2549 • Fort Pierce, Florida 34954

2017/2018 AUTHORIZATION CONTRACT

(Good Faith Agreement)

To activate your account, please complete and fax in this form by the deadline listed at the bottom of the page.

*****PLEASE PRINT ALL INFORMATION CLEARLY*****

_____ ACCOUNT #

_____ ORGANIZATION NAME

_____ TELEPHONE NUMBER

_____ FAX NUMBER

_____ DELIVERY ADDRESS *****RESIDENTIAL DELIVERIES ARE NOT PERMITTED*****

_____ CITY

_____ STATE

_____ ZIP CODE

We, the Board/Committee, as listed below authorize: (list name →) _____, as fruit Coordinator for our Fundraising program for the 2017/2018 season. This organization agrees to assume all financial responsibility for this program. We understand that Golden Harvest is extending credit to this organization until the fruit is received. We also understand that once fruit has been shipped, delivery cannot be changed by us or cancelled*. All invoices must be postmarked within fifteen (15) days of receipt of fruit, and any balance due past thirty (30) days will be subject to 1.5% per month interest. We give authorization for payment to be processed electronically if our account becomes over thirty (30) days past due. We understand that this program must be run by our organization and not by any single individual for personal profit.

Signature Required

Pastor, Principal or Board Chairman

_____ Print Name

_____ Phone Number

_____ Date

Signature Required

V.P., Board Chairperson, or Elder

_____ Print Name

_____ Phone Number

_____ Date

Signature Required

Board Treasurer

_____ Print Name

_____ Phone Number

_____ Date

Treasurer E-Mail (or preferred email to receive invoice) _____

***** REQUIRED FIELD **PIEASE PRINT CLEARLY*****

No email? Please provide fax number here.

To insure your spot in our program, please get your signatures and fax this contract back to us by the deadline.

Sign-up deadline: October 15th, if the deadline is past just give us call.

VERY Important-Please do not skip the step below!

Circle your anticipated delivery months

NOV. DEC. JAN. FEB. MAR/APR

Remember email reminders, updates & price notifications will only be sent for the months marked. You may change your anticipated order months at any time.

***Delivery terms:** Please look carefully at your possible delivery dates. Your fruit could come on ANY of the days listed, and may vary from month to month. We will take each and every one of your delivery requests into consideration, but once the truck has been loaded; you are responsible to take delivery on the assigned date. Once shipped, you cannot change or cancel your delivery. To do so would result in losing your credit with us and a minimum fine of \$500.00. **Please note: To receive credit, all spoilage claims must be reported within 48 hours of delivery. In the rare event that credit is needed for a box shortage or box damage, a notation must be made on the driver's paperwork at the time of delivery and spoilage claim form should be emailed along with pictures to sales@goldenharvestsales.com.**

ACCOUNT INFORMATION SHEET

*****PLEASE PRINT ALL INFORMATION CLEARLY*****

Please complete and return this form.
Upon receipt you will be assigned an account number or your current number will be activated.

Organization Name _____ Organization Phone _____

Organization **Mailing** Address (if different from delivery address) _____ City, _____ State _____ Zip _____

IT IS VERY IMPORTANT THAT WE (AND THE DRIVER) ARE ABLE TO REACH YOU.
PLEASE PROVIDE **THE BEST PHONE NUMBERS** FOR MAKING
CONTACT DURING THE DAY & EVENING HOURS.

Coordinator Name (Required Field): _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

*****REQUIRED FIELD ** PLEASE PRINT CLEARLY*****
Most all of our correspondence is sent via email.
No Email? Please write "no email" in space.

Any Mailed Correspondence will be sent to this address:

Home Address (Required Field): _____

1st ASSISTANT: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

2nd ASSISTANT: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

Please fax all pages to: Fax: 772-466-5920

Golden Harvest Fruit Sales, Inc. • P.O. Box 2549 • Ft. Pierce, FL. 34954
Phone: 1-800-826-9099 • www.goldenharvestsales.com

