



A Division of Kline Amusements, Inc.



Customer Agreement 2008

Organization Name _____

Address _____

Zip _____

Grades / Enrollment _____

Actual Selling Dates _____

Chairman Name _____

Home Address _____

City _____ Zip _____

Home Phone _____

Cell Phone _____

E-Mail Address _____

Fun Services Will Provide:

Gift Merchandise on consignment for up to five days.

FREE Publicity/ promotional supplies:

- Take-home color flyers (by enrollment)
- Money control envelopes (by enrollment)
- 4 Table covers, 4 Posters, and 1 door panel
- General instruction and promotional guides

FREE Delivery and Return pickup

FREE Paper work packet, Including:

- Return Envelope
- Inventory and invoice sheets and disk
- Current resigning bonus pack

FREE Optional restocking plan

FREE Shipping Charges

FREE Holiday print gift bags (3 sizes, by enrollment)

- *Please send Holiday Gift Shop materials instead of SSS.***
- For customers scheduled for delivery / pickup by Fun Services, payment is due at the time of pickup at the end of the sale.

Organization Will Provide:

- 6 – 8 Adults to run the Santa’s Secret Shop/ Holiday Gift Shop.
- 3 – 4 Tables to display merchandise (we recommend 3-4 additional tables to store extra merchandise)
- Signed Tax Exemption Certificate Needed. * See Note Section
- Tax Exemption Certificate on file – copy not needed
- School agrees to hold Santa’s Secret Shop/ Holiday Gift Shop during school hours. Organization agrees to notify Fun Services immediately if school is closed due to weather.

Adequate advance publicity for Shop as suggested in the Publicity guide furnished by Fun Services.

Note: Customer pays for merchandise returned with stickers, price tags, or damage due to such markings.

I UNDERSTRAND THAT SANTA’S SECRET SHOP PROGRAM IS A NATIONAL TRADEMARK, COPYRIGHTED NAME, REFERRING TO A FULL SHOPPING PROGRAM FOR CHILDREN. BECAUSE OF THIS, I AGREE NOT TO SELL ANY OTHER COMMERCIAL MERCHANDISE DURING SANTA’S SECRET SHOP SPONSORED BY THE FORMENTIONED ABOVE.

I HAVE READ AND AGREE TO THE TERMS AS STATED ON THIS AGREEMENT

SIGNED _____ DATE _____

Notes _____

Tax ID # _____

PMB 329
 4840 Forest Dr.
 Columbia, SC 29206
 Terry: (803) 609-1537 /Office: (800) 362-8305 / Fax: 1(866) 903-7964
 www.FunServicesSC.com

PLEASE SIGN AND RETURN A COPY OF THIS CONTRACT AS SOON AS POSSIBLE.