



Project Reservation

PO Box 271, Huntington, IN 46750
(219) 672 - 3735
(219) 672 - 8320 fax

QDP Use Only

Date Received: ___/___/___

Approved: ___/___/___

Conditions or Restrictions:

Confirmation #

1 The Group

Group Name: Phone:
Address:
City, State, Zip
Contact Person: Phone:
Number of Members: Proj. Sellers County:
Tax Information: Number (Exempt Certificate Required for QDP school billing)
Charge Sales Tax at % of Retail Wholesale

2 The Distributor

Company Name: Phone:
Salesperson Name: Phone:
Address:
City, State, Zip:

3 Dates & Brochures

Sales Start Date: Brochure Pick-up Date:
Brochures at QDP By: Shipped by: Distributor Group
Who will organize brochures and total item columns? Check One: Distributor Group QDP (addtl. Charge)
Brochure #1 Profit % Proj. Units
Brochure #2 Profit % Proj. Units

4 Service & Incoming Product

Check One: Bulk Ship Tally & Bulk Ship Tally & Pre-Pack
Check One: Product to QDP via QDP Shipped from
Prize Levels (list levels or include letter or brochure)

Print: (Check One) Pack Slips (pre-pay sale) Collection Envelopes (post-pay sale)

Envelope Information: Return by: Return to: Checks Payable to:

5 Shipping & Outgoing Freight

QDP to ship product via: Roadway ABF UPS Other
Ship to: Group Address Distributor Address Other

6 Authorization

I authorize QDP to perform the services requested and agree to pay the invoice within terms. I understand that QDP will not process orders if my account balance becomes past due. Also, that only returned confirmation from QDP constitutes acceptance of this order.

Distributor Signature: Date: