



2021-2022 SPIRIT WEAR VENDOR APPLICATION

BUSINESS NAME: _____

CONTACT NAME: _____

PHONE NUMBER: _____

TELL US ABOUT YOU AND OR YOUR BUSINESS:

PLEASE CONTACT US AT SPIRITWEAR@LOUISBURGELEMENTARYPTO.ORG WITH ANY QUESTIONS AND OR TO SUBMIT YOUR PROPOSAL FORM. FORMS ARE DUE BY JULY 1ST, AND WILL BE REVIEWED BY THE BOARD.

UPON REVIEW, WE WILL BE IN CONTACT WITH YOU WITH ANY QUESTIONS OR NEXT STEPS.

WHAT ARE OUR GOALS?

- LOCAL VENDORS
- COMPETITIVE PRICING
- SOMETHING FOR EVERYONE/PRODUCT VARIETY
- TOTAL TRANSPARENCY
- HIGH COMMUNICATION
- 2 WEEK OR LESS TURNAROUND TIME
- WEEKLY PRODUCT ORDERS/INVOICES
- PAYMENT FROM PTO WHEN PRODUCT IS DELIVERED

BILLING/PAYMENT SCHEDULE:

ARE YOU WILLING TO INVOICE US ON A WEEKLY BASIS AND ACCEPT PAYMENT VIA CHECK UPON DELIVERY OF PRODUCTS? _____

PLEASE MAKE ALL CHECKS PAYABLE TO: _____

ADDRESS TO MAIL CHECKS: _____

PLEASE EMAIL ALL INVOICES TO SPIRITWEAR@LOUISBURGELEMENTARYPTO.ORG.

ARE YOUR PRODUCTS KEPT IN A CLEAN ENVIRONMENT (PET FREE, SMOKE FREE, ETC.)?

WHAT IS YOUR POLICY ON RETURNS, EXCHANGES AND OR WARRANTY OF YOUR WORK?

DETAILS:

IN ADDITION TO THIS FORM, WE ASK THAT YOU SUBMIT VISUALS OF ANY PRODUCT AND OR DESIGN, AND THE EXPECTED TURNAROUND TIMELINE FOR EACH PRODUCT. PLEASE ALSO INCLUDE THE MATERIAL AND BRAND OF THE PRODUCT.

[] I UNDERSTAND THAT IF ANY OF MY LES PTO PRODUCTS ARE SELECTED, I AM PROHIBITED FROM SELLING THOSE PRODUCTS AND OR DESIGNS TO THE GENERAL PUBLIC UNLESS AUTHORIZED BY THE LES PTO.

[] I UNDERSTAND THAT THIS PARTNERSHIP WILL TAKE PLACE FOR THE FULL 2021-2022 SCHOOL YEAR PER THE DISTRICT CALENDAR, UNLESS THE PTO OR THE VENDOR GIVES AT LEAST A 30 DAY WRITTEN CONSENT TO END THE PARTNERSHIP.

[] I UNDERSTAND THAT THE LES PTO HAS THE RIGHT TO WITHHOLD PAYMENT UNTIL ALL PRODUCTS AND OR ORDERS HAVE BEEN SUPPLIED.

[] I UNDERSTAND THAT IF I CANNOT MEET MY 2 WEEK TURNAROUND FOR ORDERS OR IF THE PRODUCT QUALITY DOES NOT MEET PTO EXPECTATIONS, THE LES PTO HAS THE RIGHT TO IMMEDIATELY TERMINATE THE AGREEMENT.

SIGNATURE

DATE