

DEANAN® GOURMET POPCORN
601 TOEPPERWEIN
CONVERSE, TX 78109
TEL (210) 658-8146
FAX (210) 658-1119 or (800) 929-0062
WWW.DEANAN.COM

**PURCHASE AGREEMENT FOR BOOSTER CLUBS, YOUTH SPORTS LEAGUES and
PTA/PTO'S**

Effective Date: _____ **Expiration Date:** _____
(PLEASE ENTER THE DATES THAT YOU WOULD LIKE FOR THIS AGREEMENT TO START AND END)

Purchasing Organization: _____

Physical Address: _____ **City/State/Zip:** _____

Mailing Address: _____ **City/State/Zip:** _____

**This form must be filled out in its entirety to include signatures of two officers in order to allow
Deanan Gourmet Popcorn to extend credit to large organizations other than schools.**

1. Name of Responsible Party:(PRINT) _____

Physical Address: _____ **City/State/Zip:** _____

Telephone # (daytime) _____ **(evening)** _____

Texas Drivers License #: _____ **Email:** _____

Signature: _____

2. Name of Responsible Party:(PRINT) _____

Physical Address: _____ **City/State/Zip:** _____

Telephone # (daytime) _____ **(evening)** _____

Texas Drivers License #: _____ **Email:** _____

Signature: _____

"Responsible Party" is considered a person with some standing in the organization, such as the President and Treasurer. Signature on this document is indication that both parties understand that the organization is responsible for making payment in full within three (3) weeks of the date of delivery. It is also understood that Deanan® Gourmet Popcorn **does not accept any food products for return.** Smaller organizations, such as individual teams, church organizations, Scouting groups, etc., must pay in advance with a money order or a single personal check, or use a credit card (MasterCard or Visa) Telephone or fax orders may always be accomplished with a valid credit card. Please contact our office with any questions pertaining to your individual circumstances.

**DEANAN® GOURMET POPCORN
601 TOEPPERWEIN
CONVERSE, TX 78109
TEL (210) 658-8146
FAX (210) 658-1119 or (800) 929-0062
WWW.DEANAN.COM**

Name of Parent Organization (i.e. Pop Warner, etc.): _____

Name of Commissioner or head of organization: _____

Daytime Phone # of Commissioner or head of organization: _____

Email of Commissioner or head of organization _____

PERSONS AUTHORIZED TO ORDER FOR THE ORGANIZATION:

1. Name: _____ Title: _____

2. Name: _____ Title: _____

3. Name: _____ Title: _____

4. Name: _____ Title: _____

No one other than the above mentioned persons is authorized to order for your organization. This is for your protection, as the organization is responsible for payment of any orders placed by authorized persons. Please do not allow anyone other than these people to call to place orders without prior agreement in our office, and an updated authorization form in place.

Signature below signifies that the head of this organization, i.e. President, Chief or Presiding Officer, etc. has read and approved all signatures on behalf of the organization.

Name (Print)

Signature