

Organization Name: _____
 Organization Address _____
 Organization City _____ State _____ Zip _____
 Organization Phone (____) ____-____ Fax: (____) ____-____

Contact Name: First _____ Last _____
 Contact Address _____
 Contact City _____ State _____ Zip _____
 Contact Phone (____) ____-____ Email _____

Revenue earned for this program must be reported to the IRS. Please indicate who we are paying:

PROCEEDS CHECK PAYABLE TO: _____

Payable to INDIVIDUAL: Social Security # _____ - _____ - _____ (required, for tax purposes only)

Payable to BUSINESS: Federal ID # _____ - _____

Payable to NONPROFIT: Tax Exempt ID # _____

We would like to participate in **Web Store Sales**

Private Web Store Address: fundraising.thehealthypantry.com

Web Store Start Date: ____/____/____

Web Store End Date: ____/____/____
 (recommend 30 days after start)

AGREEMENT

1. I have the right to promote The Healthy Pantry products and web site as a fundraising tool for my organization for the time period defined above (from "Web Store Start Date" to "Web Store End Date").
2. I understand The Healthy Pantry will pay me or my organization 25% of all sales generated from the assigned Private Web Store Address for the period noted above. Payments will be made within 30 days following the end of the period.
3. I agree that myself, my organization, and my organization's affiliates are independent contractors, and not employees, agents, partners, legal representatives or franchisees of The Healthy Pantry. I UNDERSTAND THAT NONE OF US SHALL NOT BE TREATED AS AN EMPLOYEE OF THE HEALTHY PANTRY FOR FEDERAL OR STATE TAX PURPOSES.
4. I understand this agreement will automatically terminate on the Program End Date. I understand I have the right to terminate this Agreement at any time, with or without reason, and that such termination must be in writing. I understand and agree that The Healthy Pantry may terminate this Agreement at any time, with or without reason, upon written notice to me. The Healthy Pantry's payment obligations for all sales and recruiting, as defined above, will survive beyond the Termination of this Agreement.

Applicant's Signature _____ Date: ____ (mo) / ____ (day) / ____ (yr)

Applicant's Printed Name _____

Healthy Pantry's Acceptance _____ Date: ____ (mo) / ____ (day) / ____ (yr)