QSP MAGAZINE PROGRAM AGREEMENT
PLEASE COMPLETE ALL INFORMATION

ACCOUNT INFORMATION

☐ Regular Acct: ☐ MagNet Acct: ☐ FRP Acct:

☐ PLP Acct: ☐ Internet Acct: ☐

☐ Perma Bound Acct: ☐ Other (Print Description): ☐ Teen FRP Acct:

STATUS: ☐ NEW ☐ RENEWAL ☐ MULTIYEAR / / 

TYPE: 1. [ ] HS 2. [ ] JR 3. [ ] MID 4. [ ] ELEM 5. [ ] OTHER 6. [ ] CF 7. [ ] GS

1. [ ] PUBLIC 2. [ ] CATHOLIC 3. [ ] NATIONAL 4. [ ] CHRISTIAN 5. [ ] OTHER

Account Name: 

Street Address: 
City: State: 
County: 

Group Name: 
School District Name: 

Account Phone #: Account Fax #: Account E-Mail Address:

Advisor's Name: 
Advisor’s Phone #: 

Yes! We’re interested in linking qsp.com to our website! ☐

Webmaster's Name: 
Webmaster's E-Mail Address: 

SPRING 2010 AGREEMENT TERMS

You have agreed that QSP will be working with your organization in connection with a fundraising program to take place as follows:

Start Date (MM/DD/YY): 
End Date (MM/DD/YY): GOAL-Estimated Gross:

# Participating Students: # Rooms/Teams: Colors: Mascot: Purchase Order:

Upon receipt of this form, QSP will reserve a date and time for your fund-raising activity guaranteeing a profit of 40% on all authorized magazine publications. Excluding Internet sales, it is agreed that your organization is purchasing magazine subscriptions and merchandise from QSP for the purpose of reselling them under your own name and for your own benefit. Your organization further agrees to pay for these items with your own funds and not transmit any funds received directly from your customers. Note: On Direct Mail Programs, 40% profit is calculated on Gross Sales less postage. Some Direct Mail Programs earn credits toward purchase of educational equipment in lieu of 40% profit. Shipping and handling charges for music, books and/or other products are included in the retail price, but excluded when calculating 40% profit to your organization. (Applicable taxes are also excluded.) Any modifications to these terms will not be binding on QSP without written approval by authorized QSP management (not solely your QSP Sales Representative).

QSP

QSP Sales Representative Signature

DATE

ACCOUNT

Account Authorized Signature

DATE

QSP Sales Representative's Name - PRINT

ID No.

Title

NOTES:

QSP Associate Field Sales Manager (AFSM) Only

AFSM ID# AFSM Name (please print): Check One ☐ AFSM & FSM ☐ AFSM ONLY

Only Complete if set-up is other than standard split:

FSM Signature Required:

FAX TO:

REGIONS 31, 32, 33 ...........1-914-244-7974
REGIONS 21, 23, 41, 42, 43 ...1-914-244-7973
REGION 22 ....................1-914-244-7801

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