

• Full payment required

Company/Organization Mailing Address		Contact Person City, State & Zip code	
Location Name & Address of Sales		Dates & Times	

By signature of this agreement we agree to all terms (herein) and will be responsible for all Aloha Festivals merchandise ordered by our Company/Organization. We agree to purchase the Merchandise (as ordered below) for \$4.00 each and resell them for \$5.00 with a profit of \$1.00 each ribbon.

Signature & Title	Date		
Orde	er & Payment Inform (50 minimum required)		
Number of Ribbons Payment Method: Cash: \$ Check: (#)	X \$4.00 = \$ Total Amou	Verification code: (# In back of Credit Card)	
Make check paya Name of Cardholder Billing Address	Credit Card Number		Exp. Date Zip code
Signature		Date	
Return completed form & payment to: Aloha 2270 Kalakaua Ave. Suite 1001, Honole Email: Aloha.Festivals@waikikiimpr Questions: (808) 923-10	ulu, HI 96815 rovement.com	Order Sent: Paid:	By: By: By: CE USE ONLY