



**PERFECT PARTIES & GREAT
AMERICAN OPPORTUNITIES
FOR ALL YOUR FUNDRAISING NEEDS**



***YOU DID IT!
Evaluate Us***

While your fundraiser is still fresh on your mind, please take a moment to evaluate my performance as a GAO & PERFECT PARTIES Representative and us as a whole. I am always anxious to know what worked and what we may need to work on. This valuable information enables us to grow with our customers. Please complete the attached evaluation, recommend us to another group or organization and sign the confirmation agreement provided to confirm our date for the following year! Please fax contract and all recommendations and the evaluation to Jeff Misner at: 1-919-739-7673! Thank You! As you know, customer service, quality products and genuine concern can vary from one company to the next. I sincerely hope that between Great American Opportunities, Perfect Parties and myself, we were able to meet or exceed your fundraising expectations. If so please take advantage of our Resigning & Recommendation bonus programs found on our website at the bottom of the home page under recent announcements.

***PLEASE FAX EVALUATION, ALL RECOMMENDATIONS AND YOUR SIGNED
CONFIRMATION AGREEMENT ATTN TO:
JEFF MISNER AT: 1-919-739-7673.***

***THANK YOU FOR CHOOSING GAO & PERFECT PARTIES FOR YOUR
FUNDRAISING PARTNER!***



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PROGRAM AND SERVICE EVALUATION

Great American Opportunities Perfect Parties and David Bill's goal is to continue providing customers with the best programs, products, and service possible. To achieve our objectives, we're interested in what you have to say about us and our programs.

1. How would you rate **DAVID BILL** overall?

EXCELLENT	GOOD	AVERAGE	FAIR	POOR

2. How would you rate **GAO & PERFECT PARTIES** products?

	EXCELLENT	GOOD	AVERAGE	FAIR	POOR
VALUE					
QUALITY					
VARIETY					
PACKAGING					

3. Please rate **GAO AND PERFECT PARTIES** on the following:

	EXCELLENT	GOOD	AVERAGE	FAIR	POOR
KICK OFF ASSEMBLY					
PROGRAM MATERIALS					
PRODUCT DELVIERY					
PRIZE PROGRAM					
PROGRAM FINALIZATION					
MEETING FINANCIAL NEEDS					

4. Did your **GAO & PERFECT PARITES** program meet your expectations? **Yes No**

If No: What would you change? _____

5. Please rate your **GREAT AMERICAN OPPORTUNITIES** Sales Representative on overall service.

COMMENTS: _____

EXCELLENT	GOOD	AVERAGE	FAIR	POOR

6. What did you especially like about this year's program and would find useful next year? _____

7. Are you aware **GAO & PERFECT PARTIES** offers a variety of programs and products? **Yes No**

8. Would you recommend us to others? **Yes No**

If Yes: _____
Name School Title

Date: _____ Authorized Signature: _____

Account Name: _____ GAO & PP Sales Representative: **LARRY DAVID BILL JR.**

Thank you for selecting **GAO & PERFECT PARTIES** as your fundraising partner.
If you have additional comments or ideas, please use the back of this form.



Program Agreement PRODUCT RESERVATION

www.gafundraising.com

P.O. Box 305142, Nashville, TN 37230-5142 • 800-251-1542 • Fax: 615-884-3442
8:00 AM to 5:00 PM Central Time • E-mail: greatamerican@gafundraising.com

Customer Name/Group Name _____ New Renewal

Address (Include Street if P.O. Box) _____ City _____ State _____ Zip Code _____

Shipping Address (If different) _____ City _____ State _____ Zip Code _____

Customer Phone _____ Customer Fax _____

Sponsor _____ Home Phone _____ Cell/Work _____

Representative Name _____ Account No. _____ Voicemail _____

Sign-up Date _____ Start Date _____ No. of Students at Start _____ Est. \$ Wsl _____ No. of Classrooms _____

BROCHURE <input type="checkbox"/> Cookie Dough <input type="checkbox"/> Showcase _____ <input type="checkbox"/> Spring Showcase <input type="checkbox"/> Designs <input type="checkbox"/> Holiday Shopper <input type="checkbox"/> Magazine Conn. <input type="checkbox"/> My Favorite Things <input type="checkbox"/> Sweet Melodies <input type="checkbox"/> Helping Hands <input type="checkbox"/> Canvas Impressions <input type="checkbox"/> Frozen <input type="checkbox"/> Other _____	PFT	LVL	TIP	BROCHURE <input type="checkbox"/> Great American Reading Program <input type="checkbox"/> Bill Me Later <input type="checkbox"/> Reachout <input type="checkbox"/> Reachout Family <input type="checkbox"/> Full Service GARP <input type="checkbox"/> Directly Home <input type="checkbox"/> Family Entertainment <input type="checkbox"/> Faculty	PFT	TIP	REACHOUT SPECIAL PROJECTS <input type="checkbox"/> "TIME FOR KIDS" Every 25 completed books adds \$200.00 to your Purchasing Certificate. Examples: 25-49 Books=\$200.00 Certificate Examples: 50-74 Books=\$400.00 Certificate Examples: 75-99 Books=\$600.00 Certificate Examples: 100-124 Books=\$800.00 Certificate, etc. <input type="checkbox"/> OTHER	SERVICE LEVEL <input type="checkbox"/> Pre Collect <input type="checkbox"/> Post Collect
							PRIZE PROGRAM <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> CU 1st Day <input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> Goal _____ Qty <input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> Other	SPECIAL SERVICES <input type="checkbox"/> Money Collection <input type="checkbox"/> On Line Entry <input type="checkbox"/> Lightning Set-up <input type="checkbox"/> Online Store Set-up <input type="checkbox"/> CWR <input type="checkbox"/> MAO _____ <input type="checkbox"/> MAB _____ <input type="checkbox"/> Prize Pre-Pack (Pre-Collected Only)

Actual Brochure _____ Brochure No. _____

Actual Brochure _____ Brochure No. _____

Actual Brochure _____ Brochure No. _____

Actual Brochure _____ Brochure No. _____

SALES TAX

State Requires Tax
 Tax Exempt Form In Office
 Tax Exempt Form Attached
 Tax Exempt Form To Be Mailed
 State Requires No Tax

TAX ON PRINTOUT

No Tax
 Wholesale Tax
 Retail Tax

Email Address (Required) for A+ Services & Online Store (Please Print)

Last Full Day of School Before Break _____

NOTES: _____

DIRECT SALE CANDY

Product Name _____ Item Code _____ Qty _____

Product Name _____ Item Code _____ Qty _____

Product Name _____ Item Code _____ Qty _____

SPONSOR - IMPORTANT

Payments for orders are due within 30 days after invoice transaction date. A 2% fee will be assessed for late payments. Check your invoice summary for the correct amount and date. All delivered products become the property of the sponsor/group and any resale to consumers will be by the sponsor/group for its own benefit only. All collections of retail sales prices from the consumer will be in the name of the sponsor/group and a consumer checks will be to the sponsor/group. This Order Agreement must accompany your student order forms. Without this document, your order will be delayed. Your customers should allow 8-12 weeks from the date you mail the magazine subscription Order Forms to Great American for magazines.

CHECK ONE - REQUIRED

A Purchase Order is NOT required for this merchandise. Payment will be made within 30 days from invoice date.

A Purchase Order is required for this merchandise before being processed. PO No is _____

A Purchase Order is required for this merchandise before shipping. GAO will call customer to give dollar amount required on PO before PO# will be issued. I understand that order will be delayed until purchase order is provided.

COMPANY INFO:

Cust No. _____ Fms: _____ Env: _____

Spr No. _____ Arvl No. _____

Grp No. _____ Open: _____ Arrival: _____

Cont No. _____ Edit: _____ Verify: _____

Cont No. _____ Edit: _____ Verify: _____

PO Stat. _____

This agreement insures that the Company Representative and the sponsor have scheduled a fund-raising program on the above indicated date. The objective of Great American Opportunities Inc is to provide you with full service programs and to operate within your administrative guidelines. Please acknowledge that the above date will be reserved for the specified programs.

Signature of Program Sponsor _____

Signature of GAO Representative at Kick-Off _____