



LETTER OF AUTHORIZATION

Revised 11/29/10

Dear Valued Customer,

We are pleased to have you as a customer.

We require Purchase Order customers to keep an up-to-date Letter of Authorization on file. This form is issued by Avant Guard Flags & Costumes and is for your protection. It lists the names of individuals, band/guard directors and staff members who are authorized to purchase items for your organization. It also indicates who is financially responsible for your order. Please note this form **requires two signatures**. One **MUST** be **the Band Director and the other should be the individual responsible for payment within your school district, generally the treasurer**. The order will be shipped and billed to the address on the Letter of Authorization unless you specify a different shipping address when you place your order.

We **can** accept orders without the Letter of Authorization with an official school Purchase Order (PO). If you phone in your order with a PO #, **it will not be shipped until we receive a hard copy of both the PO and the Letter of Authorization**.

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Name of School: _____ Date: ____/____/____

School Address, City State, Zip (csz): _____

School/District Web Address: _____

Finance Officer (FO)/Treasurer Name (Trsr): _____

FO/Trsr Address, csz: _____

FO/Trsr email/phone #: _____ Phone: _____

Band Director Name: _____

School Phone: _____ Cell Phone: _____

Home Phone: _____ Fax #: _____

Email Address: _____

FO/Treasurer Signature: _____ Date: ____/____/____

Band Dir. Signature: _____ Date: ____/____/____

Amount you will be responsible for - MUST NOT EXCEED:

\$500 _____ \$1000 _____ \$2000 _____ \$3000 _____ \$5000 _____ Other Amount \$ _____

TERMS:

*Avant Guard Flags & Costumes will **NOT** ship any product without receipt of a hard copy of both the Purchase Order **AND** Letter of Authorization. Payment in Full is expected within 30 days of ship date. Failure to satisfy full payment will result in monthly accrual of 2% finance charges of the total order until full payment is received. Please note your booster group will be responsible for finance charges if your school refuses payment in full within 30 days of the ship date.*

Booster Treasurer Name/Mailing Address: _____

Please list the names and phone numbers of those individuals who are able to purchase for your organization.

1.) _____ Phone: _____

2.) _____ Phone: _____

3.) _____ Phone: _____

PLEASE FAX TO 260.424.5451 OR MAIL TO 1530 N. Wells St., Fort Wayne, IN 46808