



Toy Store

Charity Sales Program

APPLICANT (DONOR) INFORMATION

Donor Name
or
Organization: _____ Date: _____

Phone: _____ Email Address: _____

Website: _____

Physical Address:

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Shipping Address:

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Indicate type of location to be shipped to: HOME BUSINESS Days of the week and hours available to accept deliveries: _____

Do you require delivery trucks to be equipped with a liftgate? YES NO Required pallet specifications if any listed in inches (L x W x H):: _____

Are you a new applicant to the charity sales program? YES NO How did you hear about us: _____

Do you have a valid charity 501(c)3 #? (please submit a copy if "yes") YES NO 501(c)3 #: _____

Do you have a Sales & Use Tax Exemption Certificate? (please submit a copy if "yes") YES NO

EVENT INFORMATION

Event Type (check one): Ministry Outreach Holiday Party Special Event Hospital Donation School Program Other

Other (Explain): _____ # of Children to Benefit: _____

Budget (if known): _____ Desired Price per Toy: _____

Ages & Gender(s): _____ Specific Brands Desired: _____

Tell us About Your Organization: _____

How do you Plan to Donate these Toys: _____

PROGRAM POLICIES

Please read the following program policies in their entirety and sign below.

Shipping Information: Items purchased at the stores must be picked up at time of purchase. If not located near a physical Toy Store location, arrangements can be made to either pick-up at one of our distribution locations (depending on where product resides) or we can ship the order to your organization using Mattel's preferred vendor. Orders can be shipped anywhere in the continental U.S. or picked up at the locations indicated in the catalog. Shipping rates apply.

Payment Information: Payment in full is required at time of purchase and must be received prior to pick-up or shipment of order. Visa, MasterCard, Discover, American Express and checks are accepted forms of payment. State sales/use taxes may be applicable for sales made to customers in the states of AL, AR, CA, CT, GA, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, NE, NV, NJ, NY, NC, ND, OH, OK, PA, RI, SD, TN, TX, UT, VT, VA, WA, WV, WI, and WY. Organizations with a 501c3 status with the IRS are not automatically exempt from State sales/use tax; documentation showing Sales & Use Tax Exemption Certificate status must be provided to the Charity Sales Dept.

Private Shopping Requests: If you'd like to request a private shopping opportunity at one of our retail stores for your organization, please contact the charity sales program (information provided below) to schedule an appointment. Appointments are scheduled on a first come, first serve basis.

"As Is" Condition: It is important to note that products are sold in "as is" condition with no warranties expressed or implied. No refunds or exchanges. We cannot guarantee specific items, styles, colors or quantities. By completing, signing and submitting this application, your organization agrees to these conditions.

AUTHORIZED SIGNATURE

YOU OR YOUR ORGANIZATION BY PURCHASING THROUGH THE MATTEL CHARITY SALES PROGRAM REPRESENT THE FOLLOWING:

The toys purchased will be used solely for the gifting to children for charitable purposes.

The toys purchased will NOT be used for resale, fundraising, silent auctions, raffles, personal gift giving or prize purposes of any kind.

Signature: _____ Date: _____

Please return this completed and signed request along with copies of your 501(c)3 and/or sales tax exemption paperwork (if applicable) to:

Contact: Charity Sales Program
E-Mail (Preferred): CharitySales@Mattel.com
Phone Number: (310) 252-6880