

Boren Fundraising

7329 S. 231st East Ave.
 Broken Arrow, OK 74014
Dwain Boren: 918-688-7725
 dwain@borenfundraising.com
Soni Brown: 918-688-2675
 office@borenfundraising.com

Kick Off: _____ / _____

Planning Period: _____

No. of Sellers _____ Profit % 30-40%

Parent Letter: _____ Yes _____ No

AGREEMENT FORM

Seller Information

Ship To: Broken Arrow Public Schools Bill To: _____Attention: Janet Brown Attention: _____Street: 701 South Main Street Street: _____City: Broken Arrow State: OK Zip: 74012 City: _____ State: _____ Zip: _____Email: jlbrown@baschools.org Email: _____

Phone: _____ Phone: _____

Payment Contact: _____ Email: _____ Phone: _____

Program Information

Brochure: Boren Cheesecakes & Coffee CakeCustom Information: see position sheet for all information pertaining to minimums and profit percentagesSpecial Notes: Boren Fundraising will pay for prizesInvoiced by Boren Fundraising

Agreement Approval

Sponsor Signature: _____ Date: _____

Representative Signature: Hoyt Dwain Boren Digitally signed by Hoyt Dwain Boren
Date: 2025.02.04 09:34:29 -06'00' Date: _____



Broken Arrow Public Schools Vendor Registration Form

Independent School District No. 3 | 701 S. Main Broken Arrow, OK 74012

This registration form to be completed by any person or company requesting payment from Broken Arrow Schools.

This includes: reimbursements, refunds, payments for goods and/or services, etc.

<input type="checkbox"/>	New
<input type="checkbox"/>	Update
ID #	<input type="text"/>

Vendor Information

Boren Fundraising LLC

Name (as shown on your income tax return)

Business Name/disregarded entity name (If different from above)

7329 S 231st E. Ave

Address (number, street and apt. or suite no.):

Broken Arrow, OK

City, State

74014

Zip

Check appropriate box for federal tax classification (required):

- Limited liability company: Enter tax classification (C=C corporation, S=S Corporation, P=partnership):
- Individual/sole proprietor Trust/estate C Corporation Other
- Partnership Exempt payee S Corporation

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided MUST match the name given on the 'Name' line to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

Social Security Number

Employer Identification Number

I acknowledge it is **required** for Commercial Vendors to provide an EIN (*not a Social Security Number*). If a Social Security Number is provided for a Commercial Vendor, this form cannot be processed.

Vendor Questionnaire

1. Under what former name(s) has your business operated under during the past seven years?

2. Are you or any principal or partner of this business a current employee of Broken Arrow Schools or a relative of any employee or BAPS Board of Education member?

- Yes if Yes, please specify relationship
- No

3. Are you currently an active or retired member of the Oklahoma Teachers Retirement System?

- Yes No

4. Does your business accept purchase orders?

- Yes No

Purchase Order Contact Information

Sharon Boren (918) 688-2675

Contact Name for Orders Phone

7329 S 231st E. Ave.

Mailing Address (number, street, and apt. or suite no.)

Broken Arrow, OK 74014

City, State Zip

office@borenfundraising.com

Email address to send purchase order Fax

Remittance Information

Boren Fundraising (918) 688-2675

Name to be printed on check Phone

7329 S 231st E. Ave.

Remittance Mailing Address (number, street, and apt. or suite no.)

Broken Arrow, OK 74014

City, State Zip

office@borenfundraising.com

Accounts Receivable Contact Name / email address Fax

Payments from Broken Arrow Public Schools

I/We understand and agree to required payment terms from Broken Arrow Public Schools via a 3rd-party payor / Commerce Bank.

Certification, Compliance and Agreement

Under penalties of perjury, I certify that the above information is correct and that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

By signing this vendor application form, you hereby agree to comply with the provisions of Title 70 O.S. 56-101.48 of the Oklahoma Statute incorporated herein by reference, which states that the vendor will not allow any employee of the entity, or of any subcontractor, to perform work or other contracted services on District premises if such employee is or has been convicted in this state, or another state, of any felony offense unless ten (10) years has elapsed, and is not currently registered under the Oklahoma Sex Offenders Registration Act or the Mary Ripley Violent Crime Offenders Act. Upon conviction for any violation of the provisions of this subsection, the violator shall be guilty of a misdemeanor punishable by a fine not to exceed One Thousand Dollars (\$1,000.00). In addition, the violator may be liable for civil damages (57 O.S. 589). Vendor acknowledges BAPS is a tobacco-free and weapons-free workplace for all schools, buildings and grounds whether leased or owned by the District. The use of tobacco products or possession of a weapon while on any District grounds, in any District buildings, or in any District vehicle is prohibited.

IT IS A VIOLATION OF OKLAHOMA STATE LAW TO PROVIDE ANY GOOD(S) AND/OR SERVICE(S) PRIOR TO THE ISSUANCE OF A VALID PURCHASE ORDER.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Dwain Boren

Printed name of US person and vendor representative

Signature (Must be authorized to sign an IRS W-9 form)

Owner

Title

02/04/25

Date

Cheesecakes by



BOREN FUNDRAISING



Turtle

Each bite delivers a delightful crunch of pecans, smooth caramel, and luscious chocolate, all complementing the cheesecake's creamy texture. 8 servings.



Strawberry Swirl

Made with strawberries picked at their peak ripeness and lightly sweetened to enhance their natural juices, it's infused with the rich flavors of Madagascar vanilla and local cream cheese. 8 servings.



Variety

Try them all with 2 slices of each: New York, Turtle, Strawberry Swirl, and Triple Chocolate. 8 servings.



Cinnamon Cream Cheese Coffee Cake

Layers of luscious cream cheese, cinnamon swirls, buttery cake and crumbly streusel. 16 servings.

School/Organization	CHEESECAKE			COFFEE CAKE	TOTAL # OF ITEMS PURCHASED	AMOUNT DUE
	\$26	\$26	\$26	\$33		
First Name						
Last Name						
Teacher/Class						
Phone Number						
Date Orders Due						
Customer Name						
Phone Number						
	TURTLE	STRAWBERRY SWIRL	VARIETY	CINNAMON CREAM CHEESE COFFEE CAKE		
	B601	B602	B603	B604		

1						
2						
3						
4						
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8						
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10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

Total Each Column	B601	B602	B603	B604	Total # of Items Sold	Total Due

