



549 Meserole Street
Brooklyn NY 11237
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Fax: 877.718.1928
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School Name _____

School Address _____

Delivery Address (If Different) _____

Delivery Date _____

School Contact _____

Student Body Amount _____

Package Details _____

Pricing Details _____

Payment Method _____

Please charge my:     Amount \$ _____

Account # Exp. Date

Signature _____

SCHOOL & PTO AGREEMENT

I _____ am the designated representative for _____ and will work together with Mulee to organize and oversee the details relating to the distribution of the Super Student Kits™ for the coming school year.

Signature _____ Date _____