

To: _____
Please sign at the X below
and send fax to:

Placemats4You

Advertising Agreement

Main Office: P.O. Box 34, Frankenmuth, MI 48734

(Please Print)

Advertiser Name: _____

Customer Name (bill to): _____

Address: _____

City, State, Zip: _____

Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Agreement:

1. *Placemats4You,* solely at its discretion, reserves the right to refuse any advertisement.
2. Agreement is subject to approval by General Manager.
3. Advertiser warrants he has the right to us trademark, trade name, logo, slogan, etc. requested.
4. Subject to two weeks cancellation notice, if this agreement is Till Further Notice (TFN)
5. Terms: Payment is required in advance for some advertising packages. All others net 30 days from invoice date.
6. A \$20 service fee will be applied to accounts for each returned check.

Advertiser or Authorized Agent: X _____ Date: _____

Sales Representative: _____ G.M.: _____