



Merchant Participation Insertion Order:

Advertiser Contact Information-

Merchant: _____ PO#: _____ Non Profit: _____
Contact Name: _____ Contact Title: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Contact Phone: (____) _____ Cell Phone: (____) _____ Acct. Rep: _____
Contact Email Address: _____ Date: _____

Advertisement Insertion Information-

Term: 3-mos _____ 6-mos _____ Start Date: _____ End Date: _____ Zone: _____

This agreement is for: (check all that apply)

RETAIL OFFER:

- Discount Offer (Standard)
- 2nd Discount Offer
- Additional Donation Amount

ONLINE:

- Online Link (standard)
- Banner Advertisement (optional \$49)
- Blog (optional \$99)

ADDITIONAL PRODUCTS:

- Window Sticker (standard, one per location)
- Table Top Cards (optional - See web site for details)
- Business Size Cards (optional - See web site for details)
- *Cardholder Sponsorship - 3.5x 5.5 panel \$/1000- \$ _____

describe: _____
* Cardholder sponsors receive the benefit of door-to-door product exposure from print advertising directly printed on our cardholder product. Only 4 spots available per printing per 1000 cards sold. This product is offered in addition to the standard participant merchant discount offer.

Offer Description: (1) _____

Offer Description: (2) _____

Additional Products: _____

Rate: _____ \$ _____, _____ \$ _____, _____ \$ _____, Total Amt: _____

Participation Agreement Contract:

I, _____ on this _____ day of _____, 20____, as a representative of (company) _____, agree to pay CVC Enterprises, LLC the sum of \$ _____ for optional advertising products in the CVCdenver.com fundraising product program.

As a representative, I agree the company herein represented will honor the discount offer as per this agreement per the above description of the offer without further restrictions.

Authorized Signature: _____ Date: _____

Phone: (303) 913-2652 Fax: (303) 376-6145

Email: info@cvcdenver.com

Web: www.CVCdenver.com

Please remit payment to:
CVC Enterprises LLC
9233 Park Meadows Dr Ste 215
Lone Tree, CO 80124

Credit Card Payment:

Name on card: _____ Card Number: _____ CCV _____

Address (where card issued): _____

Expiration Date: ____/____/____ Visa MasterCard

Authorized cardholder signature: _____

Internal Use Only:
Product Code: _____
Invoice# _____
Payment Code: _____

Terms and Conditions:

Non-Compliance Terms: A reported non – compliance of the terms of the offer will be investigated by CVDdenver.

If determined that the merchant does not comply with the terms of the offer, merchant will be immediately removed from online and from the printed directory and will no longer be eligible for participation in the program. Written notice is required for early termination. Please remit request to the address or email above.

Payment Terms: Full payment required for all merchants who have not previously established credit with CVC Enterprises, LLC. Optional products will be delivered upon receipt of full payment.

Thank You for Supporting our Community