



1% for A Better Del Norte AGREEMENT

Date: _____

Business Name: _____ Owner's Name: _____
Mailing Address: _____ Physical Address: _____

Business Phone: _____ Cell Phone: _____
Email Address: _____ Website: _____

Payment Schedule: Current System:

Monthly Point of Sale System (POS)
 Quarterly Cash Register
 Seasonally Computer
 Other. Please explain: _____ Other. Please explain: _____

Accounting program: _____
Accountant's name & contact: _____
(please indicate if you do your own books)

I am collecting on: My collections are:

All products and services 1% of all sales
 Products only Predetermined amount: _____ (amount)
 Services only Personal donation: _____ (amount)
 Other. Please describe: _____

I would like:

Fact sheet for employees Brochures Board member contact
 Sample invoice Customer information sheet Like business contact

For my required two signs I would like:

4 x 9 (brochure or rack card style) 8.5 x 11 (sheet of paper style) 5.5 x 4.3 (postcard style)

Please tell us why you feel it is important to sign your business up with **1% for A Better Del Norte**. Please note: we may use this quote for ad promotions for your business as well as post it on our website and include in other media materials for 1%.

TERMS (please initial)

___ I agree to remit funds no later than 30 days after the month or quarter has finished.
___ I agree to openly advertise my business' participation in the **1% for A Better Del Norte** program so that customers/clients are aware they can choose not to participate. I will post a sign in at least two of the following locations:
 Window Door Cash Register Menu Other: _____
___ I will provide notification of my participation through invoicing.
___ I acknowledge that I am acting as a trustee on behalf of the **1% for A Better Del Norte**, and that I have an obligation to remit the funds collected at my business according to the payment schedule selected above.
___ If my payment lapses six months or more, my business will be taken off the ad until full payment has been made. Once I have made my payments, I will be placed back on the ad. Not paying money owed to **1% for A Better Del Norte** jeopardizes my ability to remain in the program.
___ I agree that should this business change hands, or if I no longer wish to participate in the program, I must submit written notice of the change to the **1% for A Better Del Norte** program.

