



MARKETING COMMITMENT SET UP FORM

FAX TO (732) 494-6115 OR EMAIL TO SALESSUPPORT@ATLANTICBEVERAGECO.COM
 Allow 24-48 hours for response

Select One Method of Payment for Allowances, sign and print name below:

Check
 Deduction
 Pre-Approval Number _____

Customer Name: _____

Mktg. Program Effective from:	To Invoice Date (Delivery Date)	
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Invoice Date: _____

Allowances/Item Description:	Item Number:	\$ /% Promo

Rebate
 Marketing Program
 Booth Show Participation
 Fee (\$)

Allowances for Flyers/
Food Shows

This contract is fully understood and agreed upon by:

Company Name: Authorized Signature: _____ Print Name: Title: ABC Authorized Signature: _____ Date:	Sales Representative: Signature: _____ Print Name:
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