

FRANCHISE CO-OP

Advertising Trust Fund

INVOICE

Invoice No: _____
Date: _____
Due Date: _____

REMIT PAYMENT TO:

BILL TO (FRANCHISEE):

Franchise Store #
Billing Period Start
Billing Period End
Reported Gross Sales

CONTRIBUTION DESCRIPTION	BASE AMOUNT	RATE / %	TOTAL AMOUNT
National Brand Advertising Contribution			
Regional Co-Op Marketing Contribution			
Digital & Social Media Special Assessment			

Subtotal: _____
Late Fee / Interest: _____
Total Due: _____

TERMS & CONDITIONS

Co-Op Advertising Fund contributions are calculated in accordance with Section of your Franchise Agreement. Contributions must be paid in full by the due date.

Late payments are subject to interest assessments as defined by the franchise agreement guidelines.
Please include the Invoice Number and Franchise Store Number on all payments and remittance advices.

Prepared By (Co-Op Representative)

Authorized Franchisee Signature