



Sponsor Agreement

Date: _____

Business Name: _____ Website: _____

Street Address: _____ Unit/Suite/No.: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone Number: _____

Business Type: _____

(example: Food, Beverage, Retail, Activity, Professional Services etc)

Initial Discount To Be Offered

_____ % off total purchase. Offer start date: _____

Buy one _____ get one free. Offer expiration date: _____

Free _____ with the purchase of _____

_____ % off _____

Other: _____

Locations: _____

Authorized Signature: _____

Accepted By: _____



ContactUs@IUNCoins.com