



WFC Personalized Coupon Participation Agreement

PLEASE COMPLETE ALL INFORMATION

Contract No: _____

VENDOR (FOOD HOUSE) INFORMATION

Vendor Name: _____ Date: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (_____) _____ FAX #: (_____) _____ E-mail Address: _____

AGREEMENT TERMS

You have agreed that QSP will be working with your organization in connection with a fundraising program to take place as follows:

Participant acknowledges that QSP, Inc. ("QSP") is the exclusive fundraising distributor of World's Finest® Chocolate products ("WFC").

Nothing herein contained or otherwise arising shall be construed or considered as creating a joint venture or partnership between the Participant and QSP. QSP and Participant are not, nor shall they be considered for any purpose whatsoever, agents of or for the other.

The person signing this Contract represents to QSP that Participant has authority for the use of Participant's (and/or its Franchiser's or other third party's) trademarks, service marks or tradenames on labels of WFC to be used in QSP's fund-raising programs involving the sale of WFC and that he/she has authority on behalf of Participant to sign this document. In addition, Participant represents to QSP that the coupon offer provided by Participant to be included on labels of WFC to be used in QSP's fund-raising programs complies with all applicable rules, laws and regulations and that Participant will honor the coupon when presented in accordance with the terms.

QSP is relying on these representations and Participant to indemnify, defend and hold harmless QSP and World's Finest® Chocolate, Inc. and their respective employees and representatives against all claims arising out of any breach or alleged breach of these representations.

Any modifications to these terms will not be binding on QSP without written approval by authorized QSP management (not solely your QSP Sales Representative).

COUPON OFFER: _____

PARTICIPATING LOCATIONS: _____

COUPON EXPIRATION DATE: ☐ 60 DAYS ☐ 90 DAYS ☐ 120 DAYS ☐ OTHER _____

☐ **MULTI USE COUPON:** EXPIRATION DATE: _____

☐ **ONE-TIME USE COUPON** Selling Organization Name: _____

☐ **USE CUT BOOK LOGO #:** _____ ☐ **LOGO ATTACHED*** *MUST BE CAMERA READY

☐ **LOGO INK COLOR:** 1. _____ 2. _____ Text Ink Color: _____

☐ **USE BLACK INK for Logo/Text**

QSP, INC.

VENDOR

QSP Sales Representative Signature

Authorized Signature

QSP Sales Representative's Name - PRINT ID No.

Title

Date

Date

FAX TO: 1-800-293-6570

8/04/05