

New Client _	(ched	ck one)
Renewal Client _		
Client needs video shot	_yes	_no
Client providing a finished ad	yes	no
(no visual or audio modification required by 1 Better)		

*Client providing additional materials___yes___no

124 Osseo Ave. No., Office Phone # - (320) 230-9140 St. Cloud, MN. 56303 Web Site - www.1better.net same ad as last year___yes___no
Office Fax # - (320) 255-8915

1 Better LLC On Screen Advertising Agreement

1 Better agrees to provide	(advertiser), an on-se	creen ad to be paid by
(company name). This will be a		
located in (city), (state). The ad v	will run for months from the date the	ne first ad is displayed.
	tiser will be compensated by receiving an extension we client. This ad will be shown before every materials and will be created by 1Better).	on to their lease end date). Novie at the above theatre.
Videography – It is vital for the above advertiser to be pr upon filming date. Failure to do so will result in the ad either be		
Rescheduling video photography after the videographer I		
If the advertiser can't be available during the week the videograph designated by the advertiser to act on the advertiser's behalf. If		
Digital Motion Design - If Client is planning to provide a		
Production Department (production@1better.net) * within 10		
Failure to meet this deadline could delay the on scre	en debut of the ad by 90 days. (initial)	
Upon the ads completion, advertiser will have 5 days to p		
advertisement is premiered on the theatre screen. Failure to re		onal production
charges are incurred on changes made after the on screen pro This agreement authorizes 1 Better to use advertiser's trademarks, logos, or of	etfilere. other intellectual property in the on screen ad Adv	vertiser is solely responsible
for any copyright and trademark infringements.		
In exchange, advertiser agrees to pay 1 Better a total of \$	for the above lease	period in the
following manner: a down payment of \$ (mir	nimum 30% down, non-refundable) up	on signing the agree-
ment and monthly payments of \$each A \$25.00 fee will be assessed to the client's bill for any late payment		
Authorized Executor (Signature)	Type of Business	(Date)
(Printed Name of Authorized Executor)	Type of Business	
Payment method (circle one)-> CREDIT CARD	or CHECK (check#	1
VISA MASTER CARD AM		<i></i>
Credit Card #(please enter neatly & accurately)	3 or 4 Digit Code Ex	cp Date
(please enter neatly & accurately) Monthly payments to continue on credit card? Yes of \$ paid to 1 Better, received by (Repre	No This signed agree	ement is your receipt
Business Name (Repre	esentative of 1 BETTER (please print) usiness Contact (production)	Date
Phone #E	Email Address	
Fax #(Cell Phone #	
Billing Address	Business Tax ID #	
CityState Zip Code	(or)	
Physical Address	Client Soc. Sec. #	
City, State Zip Code_		
email all advertising materials	to production@1better.net	