

I On Kosher



World Wide Advertising
www.ionkosher.com



AGREEMENT

Company Name _____

Type of Business _____

Supervision Name _____

Hours of Operation: _____

Address _____

State _____ Zip _____

Owner Name _____

Phone _____ Fax _____

Email _____ Web _____

We Will Need: Company Logo, Business Card & Take Out Menu

I-ON-Kosher Representative: Hana Phillips Cell - **954-218-6076** - Fax - **786.999.0282**

Hana@ionkosher.com * info@ionkosher.com

METHOD OF PAYMNET AMOUNT: Cash, Check, All Major Credit Cards

Name on Card _____

Card Number _____ Exp _____ Security Code _____ Zip _____

I-On-Kosher: Date _____ Customer Name _____

Customer Signature _____

Notes _____

I On Kosher _____ Date _____ Amount _____

COMMENTS

