

## **Intention to Advertise**

I am submitting this form to let Jonathan Green, Inc. know of my intent to advertise. I have read and understand the Jonathan Green 2025 Co-Op Program and understand that if my ad does not meet the restrictions and guidelines, it will be considered ineligible for co-op credit.

NAME:	
CONTACT:	
NAME OF BUSINESS:	
MAILING ADDRESS:	
DELIVERY ADDRESS:	
OFFICE PHONE:	CELL:
FAX:	EMAIL:
APPROX. DATE OF INTENDED AD	DVERTISEMENT:
	ration of a Jonathan Green ad, you should contact your Sales Rep first. They will act with the correct person in the Jonathan Green office.
	een, Inc. to help prepare my advertisement. I agree to the \$100.00 and I will be billed or the charge will be deducted from my Jonathan
	SIGNATURE (REQUIRED)

If you agree to the hourly fee above for ad preparation, contact:

DIGITAL: Olivia O'Connor: ooconnor@jonathangreen.com
PRINT: Michele Buzinkai: mbuz@jonathangreen.com

## Mail, fax or email this form to the office contact below:

MAIL: Jonathan Green Co-Op Department, P.O. Box 326,

Farmingdale, N.J. 07727; ATTN: Gage Warren

FAX: 732-938-5788 ATTN: Gage Warren

EMAIL: gwarren@jonathangreen.com Subject: Co-Op