commerce lexington

Winner's Circle
In-Kind Sponsorship Agreement

In-kind Sponsorship With

Company _____
(Please list Company Name as it should appear on Sponsorship Materials)

Authorized Representative _____

Title _____ Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Company Will Provide

Product or service _____Year_____

Begin date _____ Expiration Date _____

Total Value of Trade $_____ Additional information _____

Contract Signature

Signature _____

Please note that by signing above, you are entering into a contract with Commerce Lexington Inc, and are therefore obligated to fulfill the agreement on this page.

Company Will Receive

This section must be completed in order to submit as a contract.

☐ Event sponsorship _____Mo/YR_____ Value $_____

☐ Publication sponsorship _____Mo/YR_____Value $ _____

☐ Balance credited to Commerce Lexington as a donation Value $ _____

Additional Instructions _____

All In-kind Sponsorship Agreements must be completed in the time specified in this contract unless an extension is agreed upon by both parties. If no extension is arranged, balances that remain after contracted date will be considered a contribution to Commerce Lexington.

Sold By

Volunteer's Name _____

Team _____ Date _____

Commerce Lexington Action

Approved by _____ Date _____ Sold List _____ Date _____

Responsible staff _____ Copied to _____

Invoice Number _____

Return Form To:
Commerce Lexington Attn: Winner's Circle, P.O. Box 1968, Lexington, KY 40588 Fax: (859) 233-3304