



Scope of Work / Products / Services

Monthly Marketing Services – Meetings ____x/mo. Includes project administration, vendor management, and reporting.

- CMO Role Interaction – Work with/as the Corporate marketing team
- Onsite - Marketing Strategy Sessions
- Marketing Content Development
- Client Portal For Project Communication

Advertising Services – Negotiate rates, manage deadlines, create content.

- Print Media
- Digital Media (SEM) / Google Adwords / Social Media Ads
- Graphic design services / Custom Printing

Social Media Services:

- Website Development and maintenance/hosting
- Search Engine Optimization
- Facebook - Page Management
- Postings to blog and other outlets ____ x/mo
- LinkedIn Groups
- Slideshare / Video / You Tube Channel

Sales Department Interaction Services:

- Automate workflow
- Database mining
- Lead nurturing
- Process training
- CRM vs. Prospecting

Additional Services:

- Productivity Incentive Campaigns
- Corporate Safety Programs
- Distribution Channel Incentives



Engagement Agreement

Product/Service: _____

Term Length: _____

Rate Per insertion/month: _____

Description: _____

Product/Service: _____

Term Length: _____

Rate Per insertion/month: _____

Description: _____

Product/Service: _____

Term Length: _____

Rate Per insertion/month: _____

Description: _____

Client agrees to fulfill the above reservations as specified at the rate determined. Payments are made in advance of services and/or due upon receipt of invoice.

Responsible party authorization: _____

Date: _____ Amount Authorized: _____



Credit Card Payment Authorization

Name On The Card: _____

Organization: _____

Statement Address: _____

City / State / Zip: _____

Phone: _____ Email: _____

Visa / MC / Amex

Card Number: _____

Exp. _____ Security Code: _____

Billing Cycle: _____

- ☐ Per Transaction Amount Authorized (not to exceed): _____
- ☐ Single Transaction Amount Authorized: _____

Considerations:

- ☐ Content Proof approvals
- ☐ Tear Sheets
- ☐ Proof of mailing / delivery
- ☐ Co-Op Invoices
- ☐ Other: _____

Signature: _____

Date: _____

Billing Notes:

Check Payment: CK# _____ Date: _____ Amount: _____