



TERMS OF SALE:

- Requirements:** Wholesale customers must have storefront and valid vendor's license. Retail customers must have access to pick-up their orders. We do not sell to online auction sites. Please provide a current copy of your State Resale/Sales Tax Certificates.
All products must be resold in the original packaging. Minimum opening order \$250; reorder minimum \$100. Reorders less than \$100 will incur a \$20 processing fee.
- Payments** All orders are shipped prepaid. We accept Visa, MasterCard, Discover, AmEx, PayPal, business checks and money orders. Orders paid by check will be held until the check has cleared. Returned checks incur a \$50 charge and loss of check acceptance.
- Shipping** All orders are shipped freight prepaid, F.O.B. from our nearest Paverpol USA warehouse. Pallet orders are shipped inland freight collect, F.O.B. from the nearest port. Shipping dates during the freezing months are at our discretion. We will not replace product that has been allowed to freeze.
- Returns** Unopened and undamaged currently listed Paverpol and Josefine products may be returned with prior written authorization number from our office
- Damage Claims** Damage claims must be made in writing within 48 hours of delivery.
- Backorders** Do you want us to backorder out of stock products? ___ Yes ___ No
- Warranty** We stand behind our Paverpol and Josefine products with a 100% guarantee. Liability is limited to replacement cost. Acceptance of this application is an agreement to sell only and may be revoked at any time. Pricing and policies are subject to change without notice.

We appreciate your business and will do all we can to help Paverpol and Josefine products be among your top sellers!

Please complete the following application and fax it to 866-578-7456 with a copy of your State Retail Sales Tax Certificate.

Company Name _____

Contact Name _____

Business Address _____

Phone _____ Fax _____

Contact Email _____ Website _____

Retail Sales Tax Certificate Number _____ State _____ No. of locations _____

Authorized Signature _____ Date _____

Special Instructions: