

All new accounts must have a new account form filled out completely and signed by the owner. No orders will be shipped unless this form is on file.

Date:

Business Name:

Address:

Phone #:( ) - Fax #:( ) \_\_\_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_\_

## Cell Phone #:( ) - Email Address:

## Business type (Circle 1) Salon Distributor Other:

Business Tax Id number:

Owner’s full name: Contact/Manager:

Owner’s Home Address:

City, State, Zip: County:

***Have following forms been filed.***

## Tax Re-sale Certificate Y/N Credit Card (VISA, or Master Card) Y/N

Professional Business Contract Y/N ***\*(See Credit Card Authorization for details)***

SHIPPING POLICY A flat rated charge of $14.95 will apply on each order as shipping and handling.

RE-DELIVERY POLICY If through no fault of **Evergreen Team USA Inc.** a customer refuses or is unable for some reason to accept deliver of the shipment a re-delivery charge will be added to the invoice equivalent to the freight charges plus the handling fee regardless of the amount of invoice.

RETURN POLICY Damaged or unsaleable items may be claimed within 24 hours from receipt for exchange of item. Any other returns may refer to our Return policy.

Store will only use the products in the store or sell the products exclusively in the store for retail clients only. Customer further agrees to exercise its best efforts to prevent and prohibit the selling of the products to any unauthorized purchaser. “RETAIL CLIENTS” as used herein shall mean any person who purchases the product for his/her own personal use. “UNAUTHORIZED PURCHASER” shall mean any party, person, store, supermarket, distributor, or retailer, other than the authorized store itself or a retail client of the store.

\*The above Terms and Conditions are an integral part of every sale. Evergreen Team USA, Inc reserves the right to change them at any time without prior notice.\*

I have read and understand the above policies and concur to their merit. I Accept the rules and regulations

Owner’s Signature: \_\_ Date: \_\_\_\_\_\_\_

Sales Consultant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_