



MEDCO
WHOLESALE DISTRIBUTOR

Dear Valued Customer,

For your convenience, our conditions of sale are set forth below. Please read, sign at the bottom, and return this acknowledgement form to our Credit Department as soon as possible.

1. All claims for damages, shortages, shipping errors and other alleged failures to conform to buyer's order must be made in writing by buyer within 48 hrs after buyer's receipt of goods. Buyer's failure to comply with the foregoing constitutes a waiver by buyer of any such claim.
2. All returns must be pre-approved by seller. Any return for a reason other than seller's error will be subject to a 15% handling charge. No term discounts will be allowed for returned merchandise.
3. All Invoices are due within 30 days from the billing date. A late fee on any unpaid balance shall accrue a monthly interest charge following its payment due date at the annual rate of 10%. In the event that an attorney is employed by the seller to collect all or any portion of the unpaid balance, buyer agrees to pay seller's reasonable attorney fees and costs of collection, whether or not a suit is commenced.
4. Acceptance by buyer of seller's goods shall constitute a firm contract on all the terms and conditions set forth herein. Inconsistent terms contained in any purchase order or other documents are expressly rejected and shall not become a part of any contract between buyer and seller unless embodied in a writing signed by the seller. The contract between buyer and seller that embodies these terms shall be governed by and construed according to the internal laws of the Commonwealth of Pennsylvania.
5. Customer acknowledges and agrees that all pricing and inventory information provided by Medco Wholesale Distributor, constitutes confidential and proprietary information that Customer shall keep in the strictest confidence. Customer will not share such information with any third parties including without limitation to other wholesalers, manufacturers or retailers.

Acknowledgement of the conditions set forth herein will ensure the highest level of service and support.

Yours truly,
Medco Wholesale Distributor

We hereby agree to the aforementioned conditions of sale.

Corporate Name _____ Corp. Phone: _____

Hotel Name: _____ Address: _____

Owner/Manager. Name: _____ Email: _____
Print Name

Hotel Phone: _____ Hotel Fax: _____

Accounts Payable: _____ Email: _____
Print Name

Signature _____ Date: _____
Authorized Signature

(Note: Please fax back @ 610-522-1440)