

ORGANIZATION PROFILE

Organization Name: _____	
PHONE: _____	FAX: _____
Bill To: _____	Ship To: _____
_____	_____
_____	_____
_____	_____
ATTN: _____	ATTN: _____
Business Type <input type="checkbox"/> Wholly Owned <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Corporation	
Years Established _____	Parent Co. _____
FEIN _____	
CA RESALE _____	Company Website _____
Purchasing Agent(s) _____	A/P Contact _____

_____	Online Ordering <input type="checkbox"/> Yes / No
	Please provide your email: _____
P/O's Required? <input type="checkbox"/> Yes / No <input type="checkbox"/>	Estimated Purchases per Month _____
BANK REFERENCE _____	Account Type _____
Address _____	Account Number _____

Authorized Signature _____	Name _____
Date _____	Title _____
Office Use	Account Approved _____
	Account Number _____
	Starting Account Limit _____
	Terms _____
	Date Opened _____
	Salesperson _____
	Salesperson # _____

Standard Terms & Conditions

The following terms and conditions constitute an Agreement between Buyer and Reliable Workplace Solutions, herein referred to as "Seller".

1. Payment Terms. All purchases are paid for by COD unless a line of credit is established at the discretion of the Seller at NET 30 days.
2. Late Payment. Buyer agrees to pay 1.5% per month on all open balances which are not paid in full NET 30 days.
3. Returned Check. A \$30 returned check fee to recover bank and handling charges will be assessed for each time a check is returned.
4. Return Policy. Seller will accept most goods for exchange or credit; at Sellers discretion within 30 days of purchase date. Only unused items in manufacturers original unopened packaging will be accepted. Any and all other returns will be considered at Sellers discretion for acceptance or denial of return credit. All returned items are subject to a 15% restock fee unless items are determined defective due to manufacturer fault or damaged in transit. Credit not used within one year is forfeit to Seller.
6. Special Order Item(s). Products not listed in Sellers catalogs and are available through special order cannot be cancelled after receipt of order without express permission of seller. Buyer is responsible for payment of any and all cancellation, restock, shipping fees that may have been incurred to date. Special order item(s) are non-refundable and non-returnable after receipt unless damaged or defective from manufacturer.
7. Limitation on Warranty. All merchandise sold carries the manufacturers warranty. Seller makes no warranty, expressed or implied.
8. Claims. All claims for defective goods, shortages, delays or failures in shipment or delivery or for any other causes shall be deemed waived by Buyer unless claim(s) is made within 7 days after receipt of goods. All claims must state specifically and in reasonable detail the nature of all objectives and must be accompanied by copy of delivery receipt or packing slip.

Accept/Signature

Date



*Reliable
Office
Solutions*

3570 Fourteenth Street
Riverside, CA 92501
(909) 682-8800 Fax (909) 682-0110

ORGANIZATION PROFILE

Organization Name: MRIC - Metro Riverside/International Cabinet

PHONE: <u>909-680-1774</u>	FAX: <u>909-784-5072</u>
Bill To: <u>MRIC</u>	Ship To: <u>Global Trade Center</u>
<u>7th Floor</u>	<u>of the Inland Empire</u>
<u>3900 Main Street</u>	<u>3985 University Avenue</u>
<u>Riverside, CA 92501</u>	<u>Riverside, CA 92501</u>
ATTN: <u>Rod Ballance</u>	ATTN: <u>Receiving</u>

Business Type Wholly Owned Partnership Association Corporation
 Years Established _____ Parent Co. International Cabinet

Location Established _____ Previous _____

Purchasing Agent(s) Rod Ballance A/P Contact Rod Ballance

 _____ Internet Access Yes / No

P/O's Required? Yes / No Estimated Purchases per Month _____

Additional Dept _____	POC _____
Additional Dept _____	POC _____
Additional Dept _____	POC _____
Additional Dept _____	POC _____
Additional Dept _____	POC _____

BANK REFERENCE _____ Account Type _____
 Address _____ Account Number _____

Authorized Signature _____ Name _____
 Date _____ Title _____

Office Use
 Account Approved _____ Date Opened _____
 Starting Account Limit _____ Salesperson _____
 Salesperson # _____