

## Terms and Conditions of Agreement

### Preferred Payment Method – Check -

1. Invoices are due and payable in full 30 days from invoice date.
2. A 1 ½% late fee will be assessed by Letters Etc on any past due invoices.
3. All accounts over 60 days will be placed on credit hold.
4. In the event of non-payment, the undersigned agrees to pay all costs of collection, including reasonable attorney fees.
5. I (we) agree to give written notice to Letters Etc prior to the sale or transfer of all or substantially all of the stock or assets of our business ; if we fail to do so, then we shall remain fully liable for any unpaid merchandise received by the buyer or transferee of the business.

I (we) agree to all the terms listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If corporation – personal guarantee by corporate officer

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resale/UBI Number: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

In order for us to quickly process this application all sections must be filled out completely and signed.

### Warranty Terms

Our warranty is 1 year which covers you from manufacturer defects. This does not cover installation errors, costs or severe weather. It is the customer's responsibility to inspect the product immediately upon receipt and prior to installation. Any claims of shortage, defect and damage must be made within 10 days. If package and contents were damaged please submit photos and retain original packing for us to file damage claims with the courier.



**Authorization Agreement for Credit Card Payments**

Company Name: \_\_\_\_\_

I (we) hereby authorize Letters Etc to initiate sales charges to my (our) Credit Card indicated below:

Credit Card Number: \_\_\_\_\_

EXP Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Type: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

This authorization is to remain in full force and effect until Letters Etc has received written notification from me (or either of us) of its termination.

Name(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address for receipt: \_\_\_\_\_

\* Authorization grants 50% deposit of estimate/invoice to process 1<sup>st</sup> new order with balance to be processed on completion of work. After 1<sup>st</sup> order to be paid by check within 30 days. Jobs more than \$2,000 require 50% deposit.