***MATCHLESS IMPORTS INC.***

GST #: 82027-4181 RT0001

Office: 306-955-3595 Mobile: 306-716-4519 Fax: 306-384-0436 Email: matchlessimports@gmail.com

**WHOLESALE AGREEMENT**

NOTE: “VENDOR” refers to company/individual receiving products from Matchless Imports Inc.

“WHOLESALER” refers to Matchless Imports Inc.

1. Vendor will pay for shipping costs on all orders. (exceptions with min. required orders)
2. Initial order minimum $1,000.00 dollars. All future orders minimums are $250.00 dollars, unless otherwise agreed upon with Matchless Imports Inc.
3. Wholesaler will accept the following forms of payment:

Money Order

Checks (orders will be held until cleared with bank ---- $50.00 administrative fee on any NSF cheques)

Wire/Email Transfer

Visa or Mastercard (credit card orders may be charged a 3% processing fee)

 NOTE: Payment to be made upon placing an order. (minimum 50% of total MSRP)

1. Payment due in full 21 days from the invoice date.
2. In the event the payment is not made in full in accordance with the above, a service charge will be added to the previous balance after deduction of all credits and payments. The charge will be at the rate of 2% per month, equal to an annual rate of 24% on the past due balances.
3. If failure to pay according to the terms of this agreement causes this account to be assigned for collection, or should action at law be instituted to collect, the buyer agrees to pay responsible attorney’s fees and court costs.
4. Returned products may be charged at 25% restocking fee on the initial order and a 15% restocking fee thereafter.
5. Merchandise guaranteed to be free from defects. Only damaged merchandise, with approval of Wholesaler, will be accepted for return. Returns will only be accepted within 10 days of shipment.
6. Prices are subject to change.
7. Either party with 30-day written notice can terminate wholesale relationship.

The undersigned certifies that the information given in the application is true and correct to the best of his/her knowledge.

Firm/Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Responsible Company Officer

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 (Please print name)

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