



SUPPLYING PEACE OF MIND

271 S American Way Payson, UT 84058
866-558-5278 FAX: 866-662-9780
info@emergencyzone.com

Dealer Agreement

Company Name _____ Years in Business _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____ E-mail Address _____

Phone Number _____ Fax Number _____

Tax ID Number _____ Seller's Permit Number _____

List all locations and URLs where the products will be sold _____

(1) I hereby certify that the business named above holds a valid seller's permit issued pursuant to the Sales and Use Tax Law. The products which shall be purchased from Emergency Zone will be resold; however, if in the event any of the products are used for any purpose other than retention, demonstration or display while holding it for sale in the regular course of business, it is understood that I am required to report and pay for the sales/use tax measured by the purchase price of such property.

(2) I agree not to use any information obtained through its relationship with Emergency Zone in a manner that competes with Emergency Zone. This includes but is not limited to pictures, pricing, customer lists, proprietary information, and promotional materials. Emergency Zone reserves the right to terminate its relationship if this information is used inappropriately.

(3) Unless a NET 30 credit line is extended, all purchases must be paid for before shipment. This can be done by credit card or money order.

(4) Sales are restricted to the sales channels listed above. Sellers must receive prior authorization before selling on any third party website, including but not limited to eBay.com, Amazon.com, Walmart.com, Craig's List, Buy.com, etc. Selling on third party websites without authorization will result in termination of the Dealer Agreement.

(5) Any product purchased may be returned only with prior written consent of Emergency Zone, LLC. All returned shipments will be accepted within 45 days of receipt of goods. All returns are subject to a 10% restocking fee and the purchaser shall pay all freight or shipping costs necessary to return the product to Emergency Zone, LLC.

Signature _____ (Printed) _____

Date _____





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Pricing Policy

Emergency Zone utilizes (3) pricing categories:

- 1) **MSRP--Manufacturer’s Suggest Retail Price**
This is the suggested retail price set by Emergency Zone for a particular item as a guideline for its retail value.
- 2) **Wholesale Price--Dealer Cost**
Price set by Emergency Zone reflecting the base cost charged to authorized dealers for products.
- 3) **M.A.P.--Minimum Advertised Price**
Defines the price which dealers are not allowed to advertise below for select Emergency Zone products. Dealers can sell the emergency kits for any price; however, advertising, including but not limited to e-mail, Internet or print, cannot be advertised below the MAP . Non-adherence to the MAP policy will result in a written warning. Continued non-adherence will result in termination of the dealer’s account. Pricing is subject to change.

Please see the current wholesale price sheet for which items are subject to the MAP and the MAP.

Signature _____ (Printed) _____

Date _____





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Credit Card Authorization

Dear Customer,
Please complete all of the fields below.

Visa MasterCard (please circle one)

Credit Card # _____ Exp Date: _____ Security Code: _____

Name as it appears on the card: _____ (Please print)

Billing address for credit card: _____

Telephone Number: _____

Cell Phone Number: _____

Fax#: _____

I authorize Emergency Zone to use this credit card for this order only.

I authorize Emergency Zone to use this credit card for this order and all future orders unless notified in writing.

I certify that the information on this document is true and accurate. I understand that I am liable for any false statements or material omissions made on or in connection with this document. I agree additionally also to inform in writing of any and all changes that would affect the present or future validity of this document.

By signing below, I acknowledge charges hereon, payment in full to be made when billed or in extended payments in accordance with the standard policy of the company issuing the credit card.

Date: _____

Signature: _____

