**Joker Party Supply**

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| **NEW ACCOUNT APPPLICATION FORM** | | | | | | | | | | | | |
| Name of Company | | | | | | Credit Line Request | | | | Date | | |
| Phone # | | | | | | Fax# | | | | | | |
|  | **BILLING ADDRES** | | **S** |  |  | | **SHIPPIN ADDRESS** | | | |  |  |
| Street | | | | | | Street | | | | | | |
| City | | County | | | | City | | | County | | | |
| State | | Zip | | | | State | | | Zip | | | |
| Nature of Business | | Yrs in Business | | | | Corporation Partnership | |  | Federal Tax ID# |  | | |
|  | | | | | | | | | | | | |
|  | **FULL NAME OF OFFICERS, OWNERS OR PARTNERNS** | | | | | | | | | |  |  |
| Name and Address | | | | | | Position/Title | | | Social Security # | | | |
| 1 | | | | | |  | | | | | | |
| 2 | | | | | |  | | | | | | |
| **IF OPERATING AS CORPORATION,** Date of  Incorporation: State of Incorporation | | | | | | | | | | | | |

**BANK REFERENCE**



Name

Address

City

State

Zip Contract Name

Type of Account

Account #

Print Name

**E**

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**SS REFER**

**NCES**

Name

Account #

Name

Account #

Address

Address

City Phone



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| --- | --- | --- | --- |
| Name | Account # | Name Account # | |
| Address | | Address | |
| City | Sate Zip | City | Sate Zip |
| Phone | Contract Name | Phone | Contract Name |
| This form is very important to us!! Please complete all fields and fax back to XXX-XXX-XXXX with you resellers permit. Incomplete information will result in delays to, process your account. | | | |

Sate

Contract Name

Zip City Phone

Sate

Contract Name

Zip

**G**



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| --- | --- | --- |
| **SIGNATURE** | **TITLE** | **DATE** |

**Your Company Name Return Merchandise Procedures and Policies:**

Thank you for choosing Your Comapny Name to become your collaborator and your source of xxxxxxxxxx vendor. As a value customer we strive to offer the best products and services that will increase the overall profitability of our customers. We work hard to earn your business!!! As the nature of the cxxxxxxx business, we understand that mistakes do happen and we have tailored our return policies to offer solutions when the unfortunate situation occurs.

# Basic Policy overview:

We stand behind our products and ensure that all products have been tested with the most comprehensive Quality Assurance in the industry. All of our products carry a fifteen (15) day limited warranties. If you are having troubles with our products, please contact or inform us before or during the warranty period.

If you need to file an RMA, please review the products return policies and limitations set forth.

# Product Warrenties:

All Your Comapny Name products are cover by a fifteen (15) days limited warranty. Your Comapny Name only accepts products due to manufacturer

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will not be accepted.

# Clarifications:

1. “A Manufacturer defect is defined as a frailty or shortcoming in a product resulting from a departure from its design specifications during production.
2. Physical damaged products are defined as items which have been damaged due to: misuse, abuse, improper installation, alternation, shipping, or repair
3. “DOA” Dead On Arrival products are products which arrived damaged due to parcel carrier’s mishandling of the package.

# Products return policies and limitations:

* 1. It is the sole responsibility of the customer to inspect all merchandise upon receipt.
  2. Wrongfully shipped items may be returned ONLY if an RMA request is made within 72 hours of receipt.
  3. All returns require a Return Merchandise Authorization (RMA) number, issued by Your Comapny Name only. All RMA must be accompanied by copies of invoice/s and Returned merchandise Authorization number, without proper documentations, Your Comapny Name reserves the rights to decline and/or void any or all warranties.
  4. Your Comapny Name will refuse any and/or all unauthorized returns, merchandise, and parts without an RMA number.
  5. All returned merchandise must be in its original packaging, in new or in working condition and in resalable conditions. Any merchandise which shows signs of temperament to its packaging and actual product will be void of its original limited warranties.
  6. Your Comapny Name only accepts product due to manufacturer defect! Any products damaged through: misuse, abuse, improper installation, alternation, shipping,

or repair will not be accepted.

* 1. Your Comapny Name will refuse and/or impose a 25% restocking fee for non- defective items.
  2. The RMA number must be clearly written in large print on the exterior of the parcel. Any returned merchandise and parts without RMA number marked on the exterior of the parcel will be refused and returned at the customer’s expense.
  3. It is the customer’s responsibility to inspect all items prior to return shipping.

All returned merchandise and parts without original packaging will not be accepted.

* 1. All defective merchandise will be exchanged for the same item/s or will be issued a credit per customer’s request.
  2. Bulk returns must be are bundled or batched together according to part numbers.
  3. Customer agrees to pay all shipping charges related to the return of the merchandise and parts. Your Comapny Name will only be responsible for one- way shipping to replace any products.
  4. Credits approved are considered as in-store credits only and can only be applied to future orders.
  5. Customer must report any invoice errors, mistakes, and shortages to Your Comapny Name within three business (3) days from the receiving date.
  6. RMA numbers issued by Your Comapny Name are valid for seven (7) business days and will be void after. Customer must request another RMA after the validity of the previous RMA.

**16.** Any and/or All RMA products are subjects to inspections and approved by

Your Company Name

Your Company Info

Returned Merchandise Authorization Form

\*\*Please send all RMA request directly to: XXX@XXXXX

|  |  |  |  |
| --- | --- | --- | --- |
| Customer ID# |  | RMA# |  |
| Company Name: |  | Requst Date: |  |
| Contact Person: |  | Fax: |  |
| Direct Number: |  | E-mail: |  |

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| --- | --- | --- | --- | --- |
| Item Number | QTY: | Invoice Numer | Invoice Date | Reason For Return |
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Your Company Info

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| --- | --- | --- | --- | --- |
| Item Code | QTY | Invoice Number | Invoice Date | Reasons For Return |
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