

SOL EFFECT ENTERPRISES INC.  
 11878 CLARK STREET ARCADIA, CA. 91006  
 PH:(626) 599-8277 FX: (626)-599-9897  
 www.rekon.biz gerardo@soleffect.com



Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_:Corporation \_\_\_\_\_:Partnership \_\_\_\_\_:Sole Proprietorship Year Started: \_\_\_\_\_

Company Website: \_\_\_\_\_ Seller Permit # \_\_\_\_\_

Owners, Partners, or Corporate Principals: 1: \_\_\_\_\_ 2: \_\_\_\_\_

Years in Business: \_\_\_\_\_ # of Employees: \_\_\_\_\_ # of Locations (if more than one): \_\_\_\_\_

Years at this location: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Locations Square Footage: \_\_\_\_\_

**Contact Info**

Buyer: \_\_\_\_\_ Tel (# and ext): \_\_\_\_\_ E-mail : \_\_\_\_\_

Accounting / \_\_\_\_\_ Tel (# and ext): \_\_\_\_\_ E-mail : \_\_\_\_\_

Wire Transfer  Money Order  Credit Card (CC)

\*\*\* International customers must pay all invoices before shipment can be shipped or picked up by their chosen frieght forwarder.

CC Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CV code: \_\_\_\_\_

CC Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Terms:** All orders will need to be prepaid. at the moment we don't offer terms but each case will be revise after customer get solid relationship with Sol Effect Enterprises during period of time doing business together  
**Returns:** Sol Effect Ent. will accept returns for defective merchandise only. All returns require a return authorization number provided by your sales rep. All items returned without a return authorization number clearly written on the box will be refused and sent back to the shipper. Defective items must be reported within 60 days of receipt of goods to be considered for ret  
**Freight:** All orders will be shipped FOB Arcadia, California. Unless otherwise arranged and approved by Sol Effect Enterprises.  
 Should you have damaged goods they must be reported to the carrier and Sol Effect Enterprises for reference.  
**Shortages:** Any shortage claims must be filed within 5 days of receipt.

I (We) have read and agree to the terms and information contained in this contract. Any changes made to this agreement must put in writing.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Customers Signature

Print Name: \_\_\_\_\_

SOL REP: \_\_\_\_\_ Rep ID: \_\_\_\_\_ Date: \_\_\_\_\_  
 Opening Invoice#: \_\_\_\_\_ Amount: \_\_\_\_\_ Admin: \_\_\_\_\_ Date: \_\_\_\_\_