

13668 VALLEY BLVD. #E2 CITY OF INDUSTRY, CA. 91746

PH: 626-599-8277 - E-MAIL 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 freight 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: _____