



MASSCO

Special Product Purchase Agreement

Date _____ Account# _____ Customer Name _____

Customer Address, City, State, Zip _____

Product# _____ Quantity _____ Unit of Measure _____

Color _____ Size _____ Product Description* _____

* Any information you can provide will help us handle special orders on a timely basis. Try to be as thorough as you can.

Quantity Requested (subject to full units only) _____

Usage Per Week _____

Usage Per Month _____

****Important**** Please read the following paragraph carefully and sign below in acknowledgement and understanding.

It is understood that Massco, Inc. is purchasing _____(qty) of the above mentioned product and that this represents a 45-day supply. If for any reason _____(customer) decides not to use this product, Massco, Inc. is authorized to deliver the remaining balance and to bill said customer for the delivered product. If _____(customer) does not meet committed usage by _____(date 3 months from agreement initiation), then this contract will be void and customer will be responsible for purchasing the remaining 45-day supply that Massco, Inc. committed to keep on hand.

Requesting Signature _____ Printed Name _____ Title _____

Site/Location Supervisor _____ Printed Name _____ Title _____

Salesperson _____

***** OFFICE USE ONLY *****

Manufacturer (Vendor) _____

Date Agreement Completed (faxed to Purchasing) _____

Inbound Freight Charges Each Order: \$ _____ (To Customer)
OR \$ _____ (In Cost of Goods, see below)

EXTENDED COST	MARGIN %	FREIGHT COST	GM/OM APPROVAL