# Ageless Innovation, LLC Getting Started

 Please email completed application to tom@agelessinnovation.com

## Get Started with our US Commercial Sales Program

 (THIS FORM IS FOR UNITED STATES CUSTOMERS ONLY)

Below are instructions for setting up an account and sending us your first order. Email us at the address above during working hours with any questions. Instructions for Submitting an Order:

**Business Accounts**

1. If this is your first order (you do not yet have an account), you must submit a credit application if terms are desired. Otherwise all order will need to be processed prepaid.
2. Email us the completed credit application along and your first purchase order. Detailed instruction for purchase orders are below.
3. We will confirm receipt of your credit application and order as soon as possible within 1-2 business day(s).
4. Please allow 1 to 2 business days for account setup and processing of your first order, and another 7 to 10 days for the shipment to arrive. If you need your order sooner, we recommend that you call us to arrange for pre-payment (of this first order) via credit/debit card or wire transfer.

**Government & Education**

1. Government (Federal, State & Local) and Educational entities please scan/email us your purchase order. Detailed instruction for purchase orders are below.
2. If this is your first order allow 1 business day for us to set up your account. Once your order is processed your shipment will generally arrive in 2 to 3 days. If you need your order sooner, we recommend that you call us to arrange for pre-payment (of this first order) via credit/debit card or wire transfer.

**Purchase Orders - Detailed Instructions**

Email your purchase order to the number/address above (top left). Be sure to include the following information:

|  |  |
| --- | --- |
| Purchase order number: | Your internal purchase order number – tied to approval of the order/cost. |
| Terms: | Our terms are “Net 30, 1.5% thereafter”. This must be clearly noted on your purchase order. This can only be omitted if you are pre-paying. |
| Quantity: | The quantities of each item. Must be in solid case packs (4 items/case) |
| Item name: | The unique Ageless Innovation SKU number(s) of the item(s). |
| Unit cost: | The cost of each item. |
| Shipping fees (if any): | There are generally no shipping charges for orders over $100 unless your items are oversized. Check the product online or check with your account manager if you are unsure about whether or not shipping fees apply. |
| Billing address: | The mailing address that should appear on the invoice we will be sending you. |
| Shipping address: | The address where we should send the items in this order. |
| Contact name: | The full name of the contact person in your organization for this order. |
| Contact phone: | The phone number of the contact person. |
| Contact fax: | The fax number of the contact. |
| Contact email: | The email of the contact person. Unless you instruct us otherwise, your order confirmation and a copy of the invoice will be sent to this email address  |

**Minimum Order Value**

1 solid case pack (4 units)

**How to Submit Orders**

* (PREFERRED) B2B Portal <https://agelessinnovation.ordercircle.com/>
* Submit your order via email to tom@agelessinnovation.com
* Purchase Order detailed instructions can be found on the previous page.

**Wholesale Pricing**

All prices are listed in US dollars. All authorized retailers will receive 30% off the MSRP, plus the cost of shipping. Prices are subject to change without notice.

**Returns**

In lieu of accepting returns, vendor will provide reseller with an allowance of 1.0% of receipts from vendor based on Cost Price, exclusive of taxes and other returns.

**Payments**

Ageless Innovation’s accept ACH payments or check for term-based customers. Please fill out the attached ACH form.

**Net 30 Terms**

You may apply for credit terms with us by filling out an application form with at least two credit references. Credit application is attached.

**Shipping**

Shipping is included in the cost of goods.

**Damages and Defects**

Please inspect all shipments immediately upon arrival. Please contact Ageless Innovation at customercare@agelessinnovation.com within 5 days of receipt of damaged or defective shipments. Returned merchandise will be replaced with new merchandise. Returned merchandise will not be accepted if it is held for more than 15 days after receipt.

**Delivery Window**

Please allow at least 7-10 days from the time of your order for completion of items. Larger orders may require more time; please contact me for information about availability.

# Ageless Innovation, LLC Credit Application

 Please email completed application to tom@agelessinnovation.com

# Name/Address

|  |  |
| --- | --- |
| Last: First: Middle Initial: | Title |
| Name of Business: | Tax I.D. Number |
| Address: |
| City: State: ZIP: Phone:  |

## Company Information

|  |
| --- |
| Type of Business: In Business Since: |
| Legal Form Under Which Business Operates:  Corporation  Partnership  Proprietorship  |
| If Division/Subsidiary, Name of Parent Company: In Business Since: |
| Name of Company Principal Responsible for Business Transactions: Title: |
| Address: City: State: ZIP: Phone: |
| Name of Company Principal Responsible for Business Transactions: Title: |
| Address: City: State: ZIP: Phone: |

## Bank References

|  |  |  |
| --- | --- | --- |
| Institution Name: | Institution Name: | Institution Name: |
| Checking Account #: | Savings Account #: | Home Equity Loan: | Loan Balance: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |

## Trade References

|  |  |  |
| --- | --- | --- |
| Company Name: | Company Name: | Company Name: |
| Contact Name: | Contact Name: | Contact Name: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |
| Account Opened Since: | Account Opened Since: | Account Opened Since: |
| Credit Limit: | Credit Limit: | Credit Limit: |
| Current Balance: | Current Balance: | Current Balance: |

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

 ***Signature:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Date:***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_