

Petro Mold Company Dealer Plan

Petro Mold Co. – 12775 Donation Road, Waterford, PA 16441
www.petromolds.com Phone/Fax: 814-796-6635

As a Petro Mold Company Dealer, you will receive **50%** off of the suggested retail price of each mold you order. You can pick your molds up at our business location or we can deliver them to you for a small delivery fee (if within a 50 mile radius). Molds can also be shipped via UPS Ground or common carrier for larger orders.

A minimum yearly purchase amount of \$600 retail (\$300 wholesale) must be met to retain the 50% mold discount from year to year. The yearly amount may be satisfied by any combination of molds and MagiCast liquid purchased.

As long as you remain a Dealer in good standing and have met your annual commitment, all **molds** you purchase from Petro Mold Company will qualify for the 50% discount.

YES! Sign me up for the Dealer Plan with Petro Molds to save 50% off of every mold I purchase at the retail price. **I understand that I must satisfy a \$150 net buy-in to obtain my dealership first.** After my initial buy-in purchase, each of my future mold purchases will be subject to a 50% discount off of the posted retail price. If my business is located in Pennsylvania, I will need to have a valid sales tax exemption certificate on file in order to receive my molds free from 6% Pennsylvania sales tax. **By signing below, I agree to purchase a minimum of \$600.00 retail (\$300 wholesale) in molds and MagiCast liquid within this calendar year, plus freight charges when applicable.**

If I default under this agreement, my Dealer status with Petro Mold Company will terminate. To reactivate, I will need to restart the program from the beginning according to the terms in effect at that time.

Signed _____ Date _____

Company Name (please print)_____

PETRO MOLD COMPANY
CUSTOMER INFORMATION SHEET

BUSINESS INFORMATION:

BUSINESS NAME: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

CREDIT CARD INFORMATION:

CARDHOLDER'S NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ TYPE: MC VS

V-CODE ON CREDIT CARD: _____

(LAST 3 DIGITS IN WHITE STRIPE ON BACK OF CARD)

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TAX EXEMPTION NUMBER: _____ STATE: _____

CONTACT PERSON FOR SHIPMENTS: _____

WHAT IS THE BEST WAY TO REACH YOU DURING
BUSINESS HOURS? TELEPHONE / E-MAIL / OTHER
