

Retailer Application Form

RETAILER

legal company name: _____
retail/storefront name: _____
owner/buyer: _____
street address: _____
city+state: _____
zip+country: _____
phone: _____
email address: _____
web address: _____

SELLER

russell+hazel
4388 France Avenue South
Minneapolis, Minnesota 55410
phone: 952.279.1360
fax: 952.929.2212
url: www.russellandhazel.com

Thank you for your interest in becoming a russell+hazel retailer. We value the relationships with our retailers and work hard to see that all of your needs are met. When you complete the application process, you can look forward to continued growth with a strong company, exceptional customer service that has become a hallmark of russell+hazel and a loyalty that encourages a long and mutually beneficial relationship.

Simply fill out the information above and attach a Sales + Use Tax Certificate Form. Feel free to call us with any questions before returning via fax to 952.929.2212. We're more than happy to help as you begin this process. Brittany Kado is our Retailer Relationship Coordinator and will personally walk you through the steps. She can be reached via email at bkado@russellandhazel.com or by phone at 612.381.7386.

IMPORTANT: Please note that at this time, russell+hazel is only accepting applications from retail storefronts. Home-based businesses, studios, and on-line retailers do not currently fit the russell+hazel retailer profile. And although russell+hazel does not offer exclusivity to any one geographical area, we are careful to protect retailer relationships by not oversaturating a market. Therefore, a geographical market analysis is part of our approval process.

Shipping and billing address if different than above: _____

Please list some of the other lines/brands you are considering, or that you currently offer: _____

Any additional comments or ideas that you would like to share with us? _____

PLACE AN ORDER

- + Order by email: info@russellandhazel.com
- + Order by fax: (952) 929-2212
- + Order by phone toll-free: (888) 254-5837

ORDER REQUIREMENTS

- + \$250 opening order minimum.
- + \$150 replenishment order minimum. Small order charge: orders under \$150.00 are subject to a \$10.00 handling charge.

PAYMENT OPTIONS

- + Visa, MasterCard, Discover, + American Express.
- + First time buyers must pay by credit card.
- + Net 30 day terms will be granted upon receipt + approval of credit references for all replenishment orders.
- + If prompt payments are not made, all subsequent orders will need to be prepaid by credit card.

SHIPPING DETAILS

- + All orders will ship FOB Minneapolis within 24-48 hours upon receipt of order, unless notified otherwise.
- + Our preferred shipping carrier is UPS Ground.
- + Pricing is based on weight + distance. Please call for any special shipping requests.
- + We would be happy to email tracking details by request.

OUT-OF-STOCK ITEMS

- + We will take every measure to ship complete. On occasion, however, we are out of stock on certain items due to demand.
- + Unless otherwise requested, we will ship orders as ready + backorder any items not in stock. We will automatically send your backordered items when available.

RETURNS

- + Please inspect your order carefully. Any damaged, defective or incorrect items must be reported to us within 7 days of delivery for credit or exchange.
- + Please email info@russellandhazel.com for return information + process. We will not accept any return without an RA number.
- + All shipping + handling fees are non-refundable.
- + 5% restocking fee on returns.
- + Dated materials cannot be returned.

Please attach *Retailer Uniform Sales + Use Tax Certificate*.

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales of Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalty of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

SIGNATURE OF OFFICER OR OWNER: _____

PRINT NAME OF OFFICER OR OWNER: _____ DATE: / /

please email or fax form to: info@russellandhazel.com | 952.929.2212