

CALICO CROSSROADS®

AUTOMATIC CHART PROGRAM TERMS

Must have e-mail to participate

- When: Each time a new design is released (will vary).
- Quantities: You may sign up for as many charts as you want with a 3-chart minimum per design.
- Incentives: You will receive a 15% discount on all automatic orders as well as on any re-orders for previous automatic items that you've ordered.
We will give you at least one weeks' advance notice by e-mail of any new designs prior to release. At that time, you may increase the number of charts you wish to receive, include re-orders or decline any design. If we don't hear back from you within that week, we will send out the number of charts you indicated on this form. Repeated declines may result in your removal from our program as well as non-adherence to payment terms.
Your shop will be listed on our webpage as a participant in our Automatic Chart Program.
- Terms: We would prefer a credit card authorization. We will then charge your card for each automatic shipment we send. However, if you would prefer terms, we will extend terms of NET 30. Any outstanding invoice will make you ineligible to participate in the next automatic shipment. Non-adherence to the NET 30 terms may also result in removal from this program.
- Shipping: Items will be shipped by US mail via the least expensive way. We will prepay and add to the invoice.
- Re-Orders: Re-orders for previous automatic items can be included in your current automatic shipment. Just let us know what you need. These items will be discounted 15% also.
- Returns: No returns are allowed. Since you have the opportunity to decline any leaflet up front, you will not be receiving anything you don't want.

WHAT YOU NEED TO DO TO SIGN UP:

Complete the Credit Application and return to:
Calico Crossroads®, 1501 Barcus Drive,
Georgetown, TX 78626-7371

(Be sure to make a copy for your records before returning.)

CREDIT APPLICATION

Yes! I want to sign up for the Calico Crossroads® Automatic Chart Program.

SHOP NAME: _____

Contact Name: _____

Address: _____

State: _____ Zip Code: _____

E-mail (required): _____

Web Page: _____

Phone: _____ Fax: _____

Number of Charts: _____ Cross Stitch _____ Punchneedle

Tax ID (required): _____

PAYMENT INFORMATION:

PLEASE BILL MY CREDIT CARD—

Type (Circle one): MasterCard Visa American Express Discover

Credit Card Number: _____

Expiration Date: _____

Name on Card (print please): _____

Signature: _____

Billing Address: _____

(If different from above) _____

PLEASE EXTEND NET 30 TERMS—

Responsible Party Name: _____

Social Security Number (required): _____

Home Address: _____

Home Phone Number: _____

I agree to pay Calico Crossroads for any automatic shipments within 30 days of the invoice date:

Signature: _____ Date: _____