

## **OPTP<sup>®</sup>** Distributor Agreement

Distributor accounts are intended for retailers, clinics, studios and other facilities that intend to resell products to their customers, patients, clients.

-You must complete and return page 2 of this document before distributor status is approved.-

**MAP, Amazon and Third-Party Marketplace Policies:** Please review these policies on page 2. Failure to comply is subject to termination of business relationship.

**Required Business Documents:** Please include a copy of either your tax exempt form or resale certificate. At least one of these must be on file at OPTP before distributor status is approved.

**Ordering:** Each order placed must be a minimum of \$400.00. Orders less than \$400.00 will be billed at Professional prices. Subsequent orders that meet the \$400.00 minimum will revert to Distributor prices. Orders may be placed by either phone, email, fax, mail or website. All orders will be confirmed via email.

OPTP business hours are Monday through Friday, 7:30am-5pm CST. Our knowledgeable customer service staff can help you answer any questions about the products or placing your order, as well as provide product recommendations.

## **Payment Methods:**

- 1. **Credit Card:** All major forms accepted.
- 2. Check: Sent by U.S. mail.
- 3. ACH Payment: Automatic checking account withdrawal.
- 4. Wire Transfer: For orders over \$2,000.00.
- 5. **Invoice** (with credit approval only): Payment is due within 30 days. If your account becomes delinquent, your distributor status will be in jeopardy. Shipments will be held for any past-due accounts over 30 days. If, at any time, the account becomes over 90 days delinquent, a collection service may be assigned if steps are not taken to bring the account current.

**Shipping:** OPTP uses UPS ground service for most orders and banded shipping rates will apply. Orders are processed within 1 to 2 business days of receiving your order. We also have Next Day, 2nd Day and 3rd Day service options available for an additional fee.

\*Please review and complete page 2.

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The OPTP (Orthopedic Physical Therapy Products) Distributor Agreement includes the following policies that must be followed at all times:

- Minimum Advertised Price (MAP) Policy: Corresponds with Manufacturer Suggested Retail Prices (MSRP). The updated MAP pricing can be found in your Distributor Price List. If you list products for sale in a different currency, prices must stay within these guidelines when converted to US dollars. While you remain free to establish your own resale prices, advertising or offering to sell\* these products for less than MAP is subject to termination of a business relationship.
- Amazon and Third-Party Marketplace Policy: OPTP does not authorize or permit distributors to sell any OPTP
  products on Amazon.com, Walmart.com, Target+, eBay, GSA or any other third-party marketplace. Failure to
  comply is subject to termination of a business relationship.

**Please Note:** If you are distributing products for resale to other vendors, you are responsible for making sure that your customers also abide by these MAP, Amazon and Third-Party Marketplace policies.

OPTP enforces these policies to ensure fair and equitable reselling for all OPTP distributors. The policies are also intended to protect our brand image by assuring our customers that all OPTP products they encounter are authentic, safe and designed with the highest standards of quality.

\*For purposes of this policy, "advertising" or "offering to sell" includes any and all forms of advertisement media including, without limitation, listings on the Internet and other electronic networks. The advertised price does not include shipping, handling or sales taxes. This policy, including the list of MAP products and prices, is subject to change. We have developed and distributed this policy unilaterally based on business judgment without consultation with you or any other entity. This policy is not subject to negotiation.

## Please complete, sign and return the form below, acknowledging that you understand and agree to our OPTP distributor guidelines, including the above MAP, Amazon and Third-Party Marketplace policies (all fields must be completed).

Form must be completed before distributor status is approved.

| Name:                            |                                   |  |
|----------------------------------|-----------------------------------|--|
| Company Name:                    |                                   |  |
|                                  |                                   |  |
| City:                            | State:                            | Zip:   |
| Company Website:                 |                                   |  |
| Phone:                           | Fax:                              | Email:   |
| E-commerce website addre         | ess where OPTP products will be s | sold:  |
| Resale #:                        |                                   | (Include copy of tax exempt form or resale certificate)  |
| Signature:                       |                                   | Date:  |
| Christi at <b>763.553.9355</b> . | . Please contact us with any qu   | <b>@optp.com</b> . They may also be mailed or faxed to estions regarding our distributor policies. |