

QUALITY AGREEMENT

VENDOR

ADDRESS

DATE

SHOULD THE QUALITY CONTROL REJECTION RATE (AS DETERMINED BY _____) OF OUR INITIAL PURCHASE ORDER EXCEED _____ % OR IF THE ONGOING REJECTION RATE EXCEEDS _____ %, THE MERCHANDISE WILL BE RETURNED BY _____ AND WE WILL ISSUE A CHECK TO _____ WITHIN 30 DAYS FOR FULL REIMBURSEMENT.

SIGNATURE

FULL NAME

DATE