

Employee Store Agreement Form

(please return with your order)

Print Employee Name: _____

Company: _____ Department: _____

Work Phone: _____

Home Street Address: _____

City, State, Zip Code: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

I have read the information regarding this benefit provided on the Employee Store web site. I understand the terms and conditions fully and have had all my questions answered by August, Inc.

Signature: _____

Employee ID Number: _____

Date: _____

If you do not have Internet access to view the information provided on the Employee Store web site, please request a brochure on this benefit through the HR Department.

I understand all sales are final and there are no returns. If my shipment is damaged, I understand I must contact August, Inc. immediately to file a freight claim and my items will be repaired or replaced. I have carefully read the instructions on receiving my shipment, and I understand the section on external and concealed damage. I also understand (for my protection) I must open and inspect my cartons before removing them from the warehouse.

Initial: _____

I understand that the shipping charge is just an "estimated" cost, and I may receive a small bill, or possibly a refund, for the difference between the "estimated" and actual" shipping cost.

Initial: _____

I understand that if I am ordering for a family member, the order must be placed in my name and my family member must also adhere to all Employee Store policies.

Initial: _____ Family Member Name: _____