

# TERMS and CONDITIONS

**How to Order:**

- Place order by phone:  
**1-800-243-1969**  
8:00 a.m. - 5:00 p.m. EST
- Place order by fax anytime  
1-800-428-1951
- Place orders anytime via email to  
[distributors@ThresholdSecurity.com](mailto:distributors@ThresholdSecurity.com)
- Mail order to: Threshold  
P.O. Box 789, Farmington, CT 06034

**Pricing:**

- A Reseller discount off manufacturer's list price will be applied to all Reseller orders, excluding shipping.
- Sales volumes will be reviewed annually to determine the discount.
- Prices and specifications are subject to change without notice

**Credit Terms:**

- The first order must be prepaid.
- Open credit is extended after the Credit Application has been submitted and approved.
- We accept MasterCard, Visa, or American Express.
- Payment terms are Net 30 Days from date of Invoice.
- A 1.5% per month (18% annually), service charge will be added to any unpaid balance of 30 days or more. All collection expenses are chargeable to the customer.

**Shipping:**

- All orders are shipped F.O.B. Farmington, CT 06032
- Normal shipments are made by UPS Ground. Express shipping is also available upon request.
- All Shipping Charges will be added to the invoice.
- All shipments are made under the Reseller name and label.
- Normal shipment time for standard orders is 3 business days from receipt of order. Custom orders are normally shipped within 5 to 10 business days from receipt of approved design and/or order.

**Returns:**

- Orders are furnished on the condition that liability is limited to the replacement of an incorrectly printed order.
- Requests for credit must be made within 90 days of the invoice date.
- All returns for credit or replacement must be pre-authorized. We assume no liability for damaged or lost shipments of unauthorized returns.
- Credit memos or refunds will be issued will not exceed the value of the original invoice.

**Liability:**

- Liability for errors is limited to the replacement of the items or credit for items. Threshold cannot be responsible for any consequential costs incurred.

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## CONTACT INFORMATION

**Mailing Address:**

Threshold  
PO Box 789, Farmington, CT 06032-0789

**Phone / Fax Contacts:**

Toll Free 800-243-1969  
Local 860-677-8586  
Toll Free Fax 800-428-1951

**Shipping Address:**

537 New Britain Avenue, Farmington, CT 06032

**Web Address:**

[www.ThresholdSecurity.com](http://www.ThresholdSecurity.com)

**Email Address:**

[distributors@ThresholdSecurity.com](mailto:distributors@ThresholdSecurity.com)

**Sales Contacts:**

Deborah Miller, National Sales Director  
1-800-243-1969, Ext 325  
Email: [DMiller@ThresholdSecurity.com](mailto:DMiller@ThresholdSecurity.com)

Katie Lillis, National Account Executive  
1-800-243-1969, Ext 317  
Email: [KLillis@ThresholdSecurity.com](mailto:KLillis@ThresholdSecurity.com)

Noel Turner, VP of Sales  
1-800-243-1969, Ext 370  
Email: [NTurner@ThresholdSecurity.com](mailto:NTurner@ThresholdSecurity.com)

Ron Coleman, National Account Executive  
1-800-243-1969, Ext 328  
Email: [RColeman@ThresholdSecurity.com](mailto:RColeman@ThresholdSecurity.com)

**Confidential**



# APPLICATION for CREDIT

(You may mail this form to P.O. Box 789, Farmington, CT 06034 or fax to 1-800-428-1951.)

**Please furnish the following information before placing your first order:**

Company Name	Contact
Street Address and /or P.O. Box	City, State & Zip
Telephone/Fax	Email Address

**Principals: (Owner, Partners, Officers)**

1.	_____	_____
	Name, Title	Telephone
2.	_____	_____
	Name, Title	Telephone
3.	_____	_____
	Name, Title	Telephone

**Tax Status:** Taxable  Resale  Exempt

Tax Identification #

**Credit References**

_____	_____
Name	Name
_____	_____
Mailing Address	Mailing Address
_____	_____
City, State & Zip	City, State & Zip
_____	_____
Phone Fax	Phone Fax

**Bank References:**

_____	_____
Name	Name
_____	_____
Mailing Address	Mailing Address
_____	_____
City, State & Zip	City, State & Zip
_____	_____
Phone Fax	Phone Fax
_____	_____
Account Number	Account Number

**Release Authorization:** *I authorize the above Bank(s) and Credit References to release the appropriate financial information to Threshold for the purpose of establishing an open line of credit.*

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name & Title \_\_\_\_\_