






Name of Facility _____

Partnership Agreement – Mugs and Bowls

CODE	DESCRIPTION	APPROX. CAPACITY	OUTSIDE DIAMETER	HEIGHT	FULL-SIZE CAMRACK®	CASE PACK	DISPOSABLE LID CODE	FREE GOODS** REQUESTED IN UNITS	FREE GOODS** REQUESTED IN CASES	FREE GOODS** REQUESTED COLOR CODE	INITIAL LID ORDER IN CASES
 MDSM8	Mug	8 oz.	3 1/2" 4 1/2" with Handle	4"	16C414	48	CLSSM8B5 (Sip Lid)				
 MDSB9	Lg. Bowl	9 oz.	4 3/8"	2 3/8"	9S318	48	CLSB9				
 MDSB5	Sm. Bowl	5 oz.	3 1/2"	2 3/8"	16C414	48	CLSM8B5				

Shoreline Bowls and Mug Colors: Black (110), Meadow (447), Wheat (457), Speckled Gray (480), Cranberry (487), Navy Blue (497).

** Customer eligible for up to 125% of Room Trays Served rounded to the nearest case. No product substitutions permitted.

Cambro Healthcare Terms of Free Goods Agreement

The above-named Facility agrees to work with an authorized Cambro Distributor to purchase all items listed above throughout the term of this Agreement. Beginning with the initial shipment of products indicated in this Agreement, the term of this Agreement shall be in effect for at least one year. If, for any reason, the Facility fails to purchase lids from Cambro's authorized Distributor during the term of this Agreement, the Facility will be responsible for paying the value of the "Free Goods" indicated on the invoice and hereby agrees to do so. In the event of noncompliance with this Agreement, Cambro will invoice the Facility for the Free Goods provided.

In compliance with the "safe harbor" reporting obligations under applicable Health and Human Services regulations, Cambro will provide a "no charge" invoice for Free Goods (Mugs and/or Bowls). The invoice will also include the value of the "Free Goods" for reporting purposes.

Facility Name _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____

Phone _____

Contact Name _____

Contact Title _____

Licensed Beds _____

Room Trays Served _____

Distributor Name _____

Distributor Sales Rep E-mail _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____

In accordance with this agreement, we are placing our initial order with the above-named Distributor for corresponding lids for the free Mugs and Bowls we will receive. We agree to purchase replacement Cambro Mugs and Bowls and corresponding Cambro Disposable Lids for at least one year in exchange for one free Mug, one free 9-ounce Bowl and one free 5-ounce Bowl of Room Trays Served, rounded to the nearest case pack. We hereby commit to only using Cambro brand lids for the full term of this agreement.

I have read and understand all of the above terms and conditions.

My signature below acknowledges that the above-named Facility has authorized me to act on its behalf and enter into this Agreement.

Signature _____ Date _____ Title _____

Contract forwarded to Cambro by _____

Approved by Cambro and forwarded for Processing _____