






Name of Facility _____

Partnership Agreement – Tumblers

TUMBLER	DISPOSABLE LID CODE	CASE PACK	TUMBLER CODE	TUMBLER CASE PACK	CAPACITY TO RIM	MAX HEIGHT	FULL SIZE CAMRACK®	FREE GOODS** REQUESTED IN UNITS	FREE GOODS** REQUESTED IN CASES	FREE GOODS** REQUESTED COLOR CODE	INITIAL LID ORDER IN CASES
 NEWPORT	CLNT5	1,500	NT5	36	6.4 oz.	3 1/16"	36S318				
	CLNT8	1,000	NT8	36	8 oz.	4"	36S418				
	CLNT10	1,000	NT10	36	10 oz.	4 9/16"	36S434				
	CLNT12	1,000	NT12	36	12.6 oz.	5 1/8"	25S434				
 LAGUNA	CLLT6	1,500	LT6	36	6 oz.	4 1/4"	36S418				
	CLLT10	1,000	LT10	36	10 oz.	4 3/4"	30S434				
	CLLT12	1,000	LT12	36	12 oz.	5"	25S434				
 COLORWARE	CLJ6	1,000	500P2	24	5.2 oz.	3 3/8"	49S318				
	CL900P	1,000	900P2	24	9.7 oz.	3 1/4"	25S318				
	CL950P	1,000	950P2	24	9.8 oz.	4 3/8"	36S418				

** 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 (Tumblers). The invoice will also include the value of the "Free Goods" for reporting purposes.

In accordance with this agreement, we are placing our initial order with the above-named Distributor for corresponding lids for the free Tumblers we will receive. We agree to purchase replacement Cambro Tumblers and corresponding Cambro Disposable Lids for at least one year in exchange for one free Tumbler 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 _____

Facility Name _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____

Phone _____

Contact Name _____

Contact Title _____

E-mail _____

Licensed Beds _____

Room Trays Served _____

Distributor Name _____

Distributor Sales Rep E-mail _____

Address _____

City _____ State/Province _____