

SGNA Purchase Order Agreement

The Hospital Purchasing Department and SGNA Member acknowledges that the SGNA member discount on publications is a benefit only to be used for the SGNA member and/or on their behalf.

- 1) The Purchasing Department shall complete all fields of this agreement including the signature of both:
 - a. The purchasing contact
 - b. The SGNA member requesting the products

- 2) The Purchasing Department and SGNA member agree to and are responsible for making a full payment for the requested and delivered materials in the amount specified in the Publications Invoice for each order within **60 days of date of invoice.**

- 3) Payments made after 60 days will be billed a **\$25 late fee every 30 days it remains past due.**

- 4) The Purchasing Department and SGNA member understand that should payment not be received within this 60 day window, all future purchases will not be processed until payment is made on outstanding order.

- 5) SGNA will not accept purchase orders for eLearning Programs, including the Associates Program or Advanced Associates Program.

- 6) The Purchasing Department and SGNA member understand that there is a NO-RETURN POLICY on all orders unless the original package was received in a damaged, unusable condition. Claims for damaged merchandise must be received by SGNA within 30 days of receipt of order. Such claims must include the original packing slip, invoice, a letter explaining the extent of damage, as well as the original merchandise items.

**Refunds for damaged items will not include the shipping and handling charges. Refunds will not be processed for refunds of \$5.00 or less.*

SGNA Member information:

Name _____ Date _____

SGNA ID (**REQUIRED**) # _____

Signature _____

Hospital/Company _____

Phone _____

Purchasing Department Contact Information:

Purchasing Dept. Contact Name _____ Date _____

Phone Number: _____ Fax: _____

E-mail: _____

Signature _____

BILL TO:

Name: _____

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

E-mail: _____

SHIP TO:

Name: _____

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

E-mail: _____

All questions can be directed to SGNA Headquarters
401 North Michigan Avenue, Ste 2200, Chicago, IL 60611-4267
Phone: 800/245-7462, Fax: 312/673-6694