|  |  |
| --- | --- |
|  | Request to Purchase DCP  *Damaged Pallet Program* |

## RESELLER INFORMATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Business Name: |  | | | | Date: |  |
| Contact Name: |  | | |
|  |  |  |  | | | |
| Phone #: |  | Email Address | : | | | |
| Website: |  | | |

|  |  |  |
| --- | --- | --- |
| Physical Address: |  |  |
| Street Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have a current application on file? | YES | | NO | Please provide your  customer # here: | |  |  |
| SHIPPING & ROUTING INFORMATION | | | | | | |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Contact Name  (if different ): |  | | | |  | | Phone #: |  | Email Address | : | | | | Shipping Address: |  | | |  |  | | Street Address | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | City | State | ZIP Code | | | | | | | |  |
| Indicate type of location to be shipped to: | HOME | BUSINESS | | Days of the week and hours available to accept deliveries: |  |  |
|  |  |  | |  |  |  |
| Do you require delivery trucks to be equipped with a liftgate? | YES | NO | | Required pallet specifications if any listed in inches (L x W x H):: |  |  |
| Are you able to arrange your own transportation to pick-up your order(s): | YES | NO | | If yes, please provide carrier information here: |  |  |
| . |  |  | |  |  |  |

## PRODUCT REQUESTED

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Brands of Interest: | |  |  |  |  | | --- | --- | --- | --- | | Fisher-Price Toys & Baby Gear | Mattel Brand Toys (Mixed) | Mega Art & Mega Bloks |  | |
| Distribution Centers: | |  |  |  |  | | --- | --- | --- | --- | | San Bernardino, CA | Fort Worth, TX | Jonestown, PA |  | |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| # of Pallets Requested: |  | # of Trailers Requested | : |

## PROGRAM POLICIES

|  |  |
| --- | --- |
| Please read the full terms & conditions provided as a separate attachment in its entirety. |  |

## AUTHORIZED SIGNATURE

YOU OR YOUR ORGANIZATION BY PURCHASING THROUGH THE MATTEL RESALE | BULK SALES PROGRAM REPRESENT THE FOLLOWING:

The toys purchased will only be resold within the continental U.S. and will not be exported outside of the U.S. for resale.

The toys purchased will not be advertised using Mattel logos or names on any online website for purchase.

If I do not respond to bulk sales email within 24 hours containing purchase details, I hereby give up my opportunity to purchase.

|  |  |  |  |
| --- | --- | --- | --- |
| Items are sold in AS-IS condition, all sales final. I understand that these items may have damaged outer and inner cartons.  I agree to the full terms and conditions as provided to me. | | | |
| Signature: |  | Date: |  |

Please return this completed and signed request along with copies of your valid resale license to:

Contact: Mattel Bulk Sales Dept.

E-Mail (Preferred): MTSBulkSales@Mattel.com

Fax: (310) 252-2174