



White Glove Account Request Form

Updated August 15, 2013

page 1 of 2

Submit to: whiteglove@candid.com

Refer to the White Glove How-To document for pricing and more details.

General Information

required

Business Name: _____

Today's Date: _____

Contact Name: _____

Expected Date of 1st job: _____

Contact Number: _____

Is your logo on file with CCS? _____

Contact email: _____

Current CCS account number: _____

Select ONE. Are you currently using:

CORE Only

Quicpost Only*

Both CORE and Quicpost

Have not used either program yet.

*If you do not currently have a CORE account with CCS, we will open one for this White Glove service. You do not need to learn CORE, but the location where you log in for Quicpost account may change.

Select ONE. Offers:

You will use the CCS Sports Default offers and pricing.

You will use a MODIFIED version of the sports default offers.

NOTE: You MUST complete the White Glove Offer Pricing Sheet if you select the 2nd option. If you conduct Pre-Pay business we HIGHLY suggest creating a standard and re-order price structure for your Pre-Pay events.

Customer Service Information

required

For speculation/ View First events and Pre-pay reorders, we encourage the ability to order by mail, phone, fax and email in addition to online. CCS can conduct Customer service and the order collection on your on your behalf. Or if you prefer, you can collect these orders. We also list customer service contact information on every online event and physical, paper proof. Please select what information you would like listed on your jobs.

Select ONE. Customer Service:

CCS will conduct Customer Service and order collection on my behalf. (2 months free service*)

I will conduct my own Customer Service and order collection. NOTE: MUST Complete CS Contact info.

To be completed if you will conduct your OWN customer service.

Customer service email address: _____

Customer service phone number: _____

Customer Service fax number: _____

Customer Service mailing address: _____

Business name as it is to be shown on your events: _____

*CCS will provide introductory free customer service. Estimates for future costs will be given based on volume. Speed of submit images after an event greatly reduces support volume.

Signature

required

Signature _____

Confirming you understand the program and have read the statements below.



White Glove Account Request Form

Updated August 14, 2013

page 2 of 2

Submit to: whiteglove@candid.com

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NOTE: The success of the White Glove program is dependent on the proper collection of data, including having all email fields complete, and the timely submission of the images and data. Images and data must be submitted in the proper format.

By using any derivation of the White Glove service, you are agreeing that Candid Color Systems (lab) is not liable to you or any third party for any incidental or consequential damages (including without limitation, indirect, special, punitive, or exemplary damages for loss of business, loss of profits, business interruption, or loss of business information) arising out of the use or inability to use the order and data entry service, the online ordering, email campaigns, mailed proofs or for any claim by any other party, even if the lab has been advised of the possibility of such damages. The lab's ability with respect to its obligations under this agreement or otherwise with respect to the service or otherwise shall not exceed the amount of the fee paid for by you for the service. You assert that you understand the program limitations and the manner in which work must be submitted for this service.

CCS USE:

CCS account number: _____ Date WEGN sent to customer: _____

White Glove account number (if different): _____ Assigned By: _____

White Glove event number (WGEN): _____