

JanitorialSupplies

DISPENSER PLACEMENT



Agreement Between: **GOJO INDUSTRIES EUROPE LTD.**

Janitorial Supplies	<u>End User:</u>
Contact: Ashley Barber	Contact:
Tel: 0870 352 0600	Tel:
www.janitorialsupplies.co.uk	Market Sector:
	No. Employees:

This agreement is between the above Janitorial Supplies and the above End User for the supply of FREE-ON-LOAN dispensers at the above site which are to be used exclusively for GOJO product(s) for a minimum period of 12 months.

Should it be decided at any time during this period to use products supplied by a competitor, then the units will be invoiced at the full cost price shown below. Alternatively, if the dispensers have not been used and at the discretion of the Company, the dispensers may be returned, carriage paid (damaged or missing dispensers will be charged for at the shown rates).

Dispensers remain the property of the Janitorial Supplies. During the period of this agreement, faulty or worn dispensers will be replaced.

The Janitorial Supplies reserves the right to inspect the dispensers to ensure that they are being used in accordance with this agreement.

DISPENSER CODE						
QUANTITY ON LOAN						
LIST PRICE EACH						
TOTAL VALUE						
PRODUCTS						
TRIAL / INSTALLATION OR INSTALLATION ADDITION						

Offered on behalf of the above Janitorial Supplies.

Signature: _____

Print: _____

Date: _____

Accepted on behalf of the above End User.

Signature: _____

Print: _____

Date: _____

Please fax back on: 0870 352 0606 or email to support@janitorialsupplies.co.uk

JanitorialSupplies

Practice Survey

Contact Name:	
Name & Address:	Telephone:
	Fax:
Post Code:	e-mail:

Practice Details: By Room / Area

Number of Surgeries, This includes all surgeries even if not currently used or are only part time	<input type="text"/>
Number of Decontamination / Sterile Rooms	<input type="text"/>
Number of X Ray / Processing Rooms	<input type="text"/>
Number of Toilets / Staff and Visitor (Note this is not the number of cubicals but the number of hand washing stations within each toilet	<input type="text"/>
Number of Kitchens	<input type="text"/>
Number of Staff Changing Rooms	<input type="text"/>
Number of Office and Admin Areas / Rooms	<input type="text"/>
Number of Reception Areas plus number of reception points on the frontage	<input type="text"/>
Number of Waiting rooms / Areas	<input type="text"/>
Number and type of use for any other rooms within the practice - Please Give details:	

Please complete this form, we will then be able to provide a quotation based on this information ensuring your practice can achieve the "Best Practice" standard as outlined within the HTM01-05. Included with the quotation will be detailed a guide on placement and the reasons why.

PLEASE FAX. E-MAIL OR POST THE COMPLETED FORM ALONG WITH YOUR SIGNED DISPENSER PLACEMENT FORM SO WE CAN PROVIDE FREE DISPENSERS

Signed: _____

Date: _____

Please fax back on: 0870 352 0606 or email to support@janitorialsupplies.co.uk