

THE NATIONAL
CHILDREN'S CANCER SOCIETY



Dear Vendor:

Thank you for your interest in our vending program. Our hope is that participation in our vending program will ease placement of your machines, increase your machine revenue and enhance our name recognition while supporting the financial needs of families with children fighting cancer.

We hope your experience with this program will be very rewarding. Your success in placing your machines is solely dependent on your own initiative and hard work. I encourage you to research the vending business and recommend visiting the National Bulk Vending Association website at www.nbva.org, click on 'Intro' and research the 'Topics' listed.

I have a suggestion and a request: 1) If you hired a locator to physically place the machines, please go with them. 2) Please regularly maintain the machines after they are placed. To neglect them gives the N.C.C.S. and you a bad name.

There is a \$10.00 set-up fee for all accounts. Please mail the 2-page contract with your check or money order; or fax the contract with the Debit/Credit Card Authorization form to our office. We must have the signed contract, set-up fee of \$10.00, and first payment before we can send the labels.

PAYMENT OPTIONS:

Vendor Royalty Rates:

1-5 Labels: \$12.00 per label per year, must be paid annually

6-24 Labels: \$1.50 per month per label, or \$12.00 per label per year

25 or more labels: \$1.00 per month per label

**(A discounted annual payment for less than 25 labels is \$12.00 per year per label.*

Example: 6 labels monthly @ 9.00 totals \$108.00/ 6 labels annually cost \$72.00.)

Debit/Credit Card—MasterCard, Visa, American Express, or Discover— Please complete the enclosed Debit/Credit Card Authorization Form and indicate if the card should be charged for only the initial fee (to obtain your labels), for monthly payments on the 15th charged to your card until further notice, or for an annual payment. Return this with the Vendor Contract to the N.C.C.S. by **faxing** the 3 pages to **314-735-2032**, **emailing** them to spye@children-cancer.org, or by **mailing** them to: One South Memorial Drive, Suite 800, St Louis, MO 63102.

Check/Money Order— Please make checks/money orders payable to **N.C.C.S.** Self-addressed envelopes will be provided in advance to assist you in making monthly payments. The N.C.C.S. does not send monthly invoices, so please utilize these envelopes. It is imperative that all vending correspondence is addressed to: One South Memorial Drive, Suite 800, St Louis, MO 63102.

The second payment is not due until the 15th of the following calendar month because the first month is a grace period, allowing you time to place your machines. Payment rates are based upon the number of labels you have, regardless of the number of machines in service or the income generated. You may change or cancel your monthly obligation by returning a portion or all of the labels.

If you should have any questions, please feel free to contact me at 314-446-5223 or the vending assistant at 314-446-5232.

Sincerely,

A handwritten signature in cursive script that reads "Shirley Pye".

Shirley Pye
Development Specialist



THE NATIONAL CHILDREN'S CANCER SOCIETY

CONTRACT NOT VALID FOR WISHING WELLS, HONOR BOXES OR COLLECTION CANISTERS

VENDOR CONTRACT

This contract is entered into this _____ day of _____ 200____ by and between The National Children's Cancer Society (N.C.C.S.) a non-profit corporation located at One South Memorial Drive, Suite 800, St. Louis, MO 63102 and

Name: _____

(hereinafter, the "Vendor")

Company Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Phone: _____ Cell Phone: _____

Number of Labels: _____ Monthly pmt: _____ Annual pmt * _____

Please note there is a \$10.00 set-up fee for all new accounts.

Vendor Royalty Rates:

1-5 Labels: \$12.00 per label per year, must be paid annually
6-24 Labels: \$1.50 per month per label, or \$12.00 per label per year
25+ Labels: \$1.00 per month per label

THEREFORE, in consideration of the mutual promises set forth herein the Vendor agrees and promises:

1. To only represent the true status and the nature of the relationship with The National Children's Cancer Society, to-wit: Vendor is actually the owner and operator of the vending machine; that Vendor has a license to use the label of The National Children's Cancer Society for which Vendor pays a fixed amount every month, regardless of sales.
2. To pay (regardless of proceeds) an agreed, fixed, payment per label to the N.C.C.S.
3. To display only labels provided to Vendor by the N.C.C.S., or those pre-approved by the N.C.C.S. on machines.
4. To hold the N.C.C.S. harmless against claims or liabilities arising from unauthorized use of its name or literature. To indemnify and hold the N.C.C.S. harmless from any and all claims and liability which may arise out of any activities of the Vendor in furtherance of this contract, from any acts or omissions of its agents or employees, or from the operation of its vending equipment. The Vendor also indemnifies the N.C.C.S. against any claim or liability arising from the products or services it sells. The Vendor will provide the N.C.C.S. with such financial surety as is satisfactory to the N.C.C.S.
5. VENDOR shall be responsible for placement, maintenance, and operation of equipment, and in all cases give those with whom devices have been placed a method whereby he or she can be reached between regular service calls to deal with service matters. The machines shall be in good working order.



VENDOR CONTRACT – PAGE 2

- 6 To conduct all its business affairs in a moral, ethical & reasonable manner & to comply with all applicable local, state & federal laws, including, obtaining appropriate business licenses and permits.
- 7 This contract shall be continuous unless one party gives notice to the other, in writing, of its intention to terminate the contract. Either party may terminate contract by giving written notice. **If this contract is terminated, then VENDOR agrees to remove and return all labels bearing the N.C.C.S. logo.** Any termination shall be effective ninety days after the date it was mailed. The party breaching this contract shall have thirty (30) days to rectify any breach from the date of the notice of termination.
- 8 This contract is not transferable and the sale of equipment to others does not relieve vendor from responsibilities of this contract. Vendor must return all labels in order to properly terminate this contract. Purchaser of equipment will be required to enter separate contract with The National Children's Cancer Society. Existing labels may be transferred provided proper execution of new contract with purchaser of equipment has taken place.
- 9 VENDOR shall make monthly royalty payments due on 15th of each month as agreed upon, unless paying annually. Make checks payable to:
N.C.C.S.
Attn: Vending Program Coordinator
One South Memorial Drive, Suite 800
St. Louis, MO 63102
- 10 This contract shall not be amended except by a memorandum in writing signed by both parties. This contract constitutes the entire contract between the parties. The parties signing this contract on behalf of their respective entities have made truthful representation that they have the authority to make binding contracts on behalf of their respective entities.
- 11 The parties agree in the event a dispute should arise by and between the parties concerning the terms or conditions, the dispute shall be submitted to binding arbitration in accordance with the rules of the American Arbitration Association. The arbitration proceeding shall take place in St. Louis, Missouri, and the decision of the arbitrator appointed by the American Arbitration Association shall be binding upon each of the parties hereto, and the arbitrator shall have the discretion to award costs and attorney's fees. The decision of the arbitrator shall be binding and non-appealable.
- 12 The undersigned vendor does hereby acknowledge and agree that no representations of any kind whatsoever have been made to me by the N.C.C.S., or any of its authorized representatives. I realize that the placement of the vending machines will be left to my own initiative, and that the success of my participation in this program is solely dependent upon my ability to have the vending machines placed in appropriate public locations. The N.C.C.S. has not made any representations relative to the ease of placement or financial success as result of my participation in this program.

Initial here _____

13. I understand and agree that the labels provided may only be utilized in connection with a coin-operated vending machine and for no other purpose.

IN WITNESS WHEREOF, the parties hereto have executed this contract on the day and year first above written.

**THE NATIONAL CHILDREN'S
CANCER SOCIETY:**

X _____
Authorized Representative

VENDOR:

X _____

Date

Please sign as 'VENDOR' and initial number 12 where indicated.



DEBIT/CREDIT CARD AUTHORIZATION:
PAYMENTS / SHIPPING

This letter hereby authorizes The National Children's Cancer Society to charge my debit/credit card as follows:

Card: Master Card Visa American Express Discover

Card Number: _____ Exp. Date: _____

VENDING PAYMENT OPTIONS – Choose one

Vendor Royalty Rates:

1-5 Labels: \$12.00 per label per year, must be paid annually

*6-24 Labels: \$1.50 per month per label, or \$12.00 per label per year**

25+ Labels: \$1.00 per month per label

** (A discounted annual payment for less than 25 labels is \$12.00 per year per label*

Example: 6 labels paid monthly @ \$1.50 = \$9.00 total, \$108.00 per year

6 labels paid annually = \$72.00)

Initial Payment: Please charge my debit/credit card for my initial payment of \$ _____ in order to obtain my labels, plus the \$10.00 set-up fee = \$ _____ total.

Continued Monthly Payments: Please charge my debit/credit card on the 15th day of every month in the amount of \$ _____ until further notice.

Annual Payment: Please charge my debit/credit card for my current year, non-refundable, annual payment of \$ _____, plus the \$10.00 set-up fee = \$ _____ total.

Signature

Date

VENDING SHIPPING OPTIONS – Choose one

USPS Delivery – FREE

FED EX - Overnight delivery- FedEx will charge your card

PRIORITY (Next business morning /Saturday delivery)

STANDARD overnight

FED EX - 2 Day delivery - FedEx will charge your card

(Please note: FedEx cannot deliver to a PO Box)

Ship to:

Name

Phone

Address

City, State, Zip



THE NATIONAL CHILDREN'S CANCER SOCIETY

Dear Vendor:

Please take a few minutes to complete the survey below. The information you provide will help us be more efficient in the operation of our vending program and allow us to enhance the service we provide. Thank you, in advance, for assisting us and for your role in making a difference in the life of a child with cancer.

How did you hear about our vending program?

- Vending Machine Manufacturer*
- Vending Machine Locator*
- Vendingconnection.com/Vending Yellow Pages
- Other _____

*Please share the company and/or contact information and any comments you have that will help us evaluate the program to better meet the needs of our vending partners.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____



Show your support by wearing

N.C.C.S. apparel

**"The National Children's Cancer Society"
embroidered in white on all items**

**RED or
BLUE**



This low profile bio-washed twill cap has six-panels, pre-curved visor, sewn eyelets, cloth strap and tri-glide buckle closure.
One size fits all **\$18**



**RED or
BLUE**

100% Pima Cotton golf shirt has extra soft blended fabric for easy care and less ironing.
Available in MEN'S SIZES
S M L XL **\$28** XXL **\$30** XXXL **\$32**



\$35

Hooded sweatshirt with drawstring
50% cotton / 50% polyester
CAROLINA BLUE ONLY

Profile Washed Cap - One Size Fits All							
Qty.	\$18 each BLUE _____ RED _____						\$
Golf Shirt - Red or Blue							
Men's Size	S	M	L	XL	XXL	XXXL	\$
	\$28	\$28	\$28	\$28	\$30	\$32	
BLUE						NA	\$
RED							\$
*** New Item*** Hooded Sweat Shirt - \$35							
- Carolina Blue only -							
Men's Size	S	M	L	XL	XXL		\$
Subtotal							\$
Shipping:							\$
\$5.00 for \$1-\$35 / \$10.00 for \$36-\$70 / \$15 for \$71 & up							\$
TOTAL Amount Enclosed							\$

Ship to:

Name: _____

Address: _____

Phone: _____

Email: _____

DATE _____

Payment Method:

____ Check (Made payable to N.C.C.S.)

____ Credit Card (MasterCard Visa AmEx Discover)
(circle one)

Card # _____

Expiration Date _____

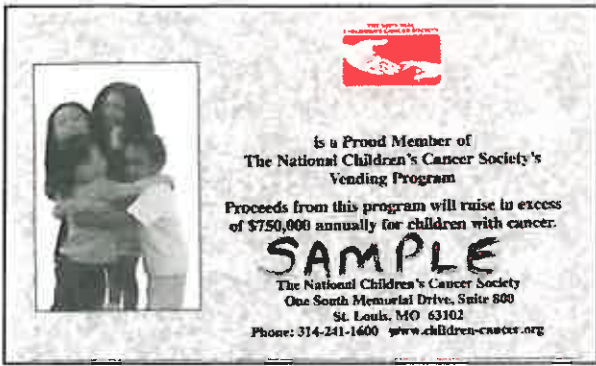
Name on card _____

Signature _____

Please return to:

Vending Program • The National Children's Cancer Society
One South Memorial Dr, Suite 800 • St. Louis, MO 63102 • Fax 314-735-2032
Phone 314-446-5232

HELPFUL VENDING TOOLS

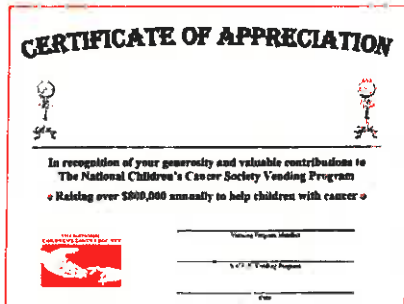


ID Cards show your affiliation with the National Children's Cancer Society's Vending Program
\$5.00 each



Retailers' brochure answers location owners' questions

Cost: 10 = \$ 5.00
 25 = \$10.00
 50 = \$15.00
 100 = \$20.00



Color print on parchment paper
 Fits 8x10" frame
 Recognizes location owners
10 for \$7.50

List names as they should appear on ID Cards:
PLEASE NOTE: CARDS WILL ONLY BE ISSUED FOR NAMES LISTED ON THE CONTRACT ONE NAME PER CARD

Pay for any order by using an accepted credit card. Mail-in orders should include a check, money order or credit card information.

Number of brochures _____ = \$ _____

Number of certificates _____ = \$ _____

Number of ID Cards _____ = \$ _____

Amount of total order: \$ _____

Payment method (circle one):

Check MC Visa AmEx Discover

Card number

Exp. Date

Name on card

Street Address to send order

City, State, & Zip

Phone number

Signature

Date

To order, call (314) 446-5232 or fax to (314) 735-2032



THE NATIONAL CHILDREN'S CANCER SOCIETY

Mission

The mission of The National Children's Cancer Society (N.C.C.S.) is to improve the quality of life for children with cancer and their families worldwide.

History

The N.C.C.S. was founded in 1987 to assist children in need of bone marrow transplants, then considered an experimental procedure not covered by health insurance. To ensure every child with cancer is given a chance at survival, it has since expanded its program services to encompass the needs of all children with cancer.

Program Synopsis

Pediatric Oncology Program —Offers direct financial support for payment of medical expenses, health-insurance premiums, lodging, food, pharmaceuticals, transportation and telephone expenses.

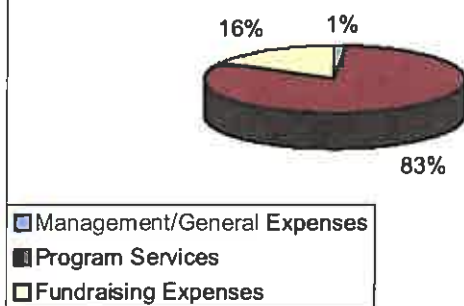
Care to Share Cancer Connection —An Internet support network for families in which they can share experiences, offer encouragement and learn from others in a safe, compassionate environment.

Global Outreach Program —Distributes donated cancer-related pharmaceuticals, medical supplies, supportive-care products and medical equipment to healthcare facilities in less-developed countries throughout the world.

Beyond The Cure—Helps childhood cancer survivors integrate the cancer experience into their new lives as survivors. Celebrates survivorship and addresses issues such as medical and educational late effects, health insurance, healthy living, psychological issues, advocacy, spirituality and grief.

Financial Information

N.C.C.S. 2008 Financial Information



General Information

The N.C.C.S. has helped more than 23,000 children with cancer and their families by providing more than \$45 million in direct financial assistance. The N.C.C.S. has shipped donated pharmaceuticals and medical supplies worth more than \$227 million to 54 facilities in 35 countries around the world.

National headquarters: N.C.C.S., One South Memorial Drive, Suite 800, St. Louis, MO 63102
Phone: (314) 241-1600

Web sites: www.nationalchildrenscancersociety.org & www.beyondthecure.org