Customer Agreement

Treml Repair & Implement Co. LLC
E3160 County Road T
Casco, WI 54205
920-837-7632
866-405-8231

All repair work is performed on a time and material basis only. Due to the age and condition of the equipment we work on we cannot gave a definite $ estimate. Our base shop rate is $52.00/hr. We offer a winter service special for the months of November through March with a reduced rate. Our rate for the complete restoration of any vintage equipment is $48.00/hr. Repair parts and outside machine shop services are purchased by our company only. All shop and parts sales are due upon picking up of goods and services. Complete restoration of vintage equipment is billed monthly as the project is on-going. Projects requiring repair parts of $750.00 or more are billed as the parts are received. Parts are warranteed only for the duration of warranty from the manufacturer. Labor is not included. No returns on new or used parts after 30 days. We have a 15% restocking fee on returned parts. Freight is the responsibility of the customer. 1.5% per month (18% annual) service charge will be added after 30 days on unpaid invoices. Core returns on parts are subject to approval by the vendor that the parts where purchased from. Cores credits rejected by the vendor will be charged back to the customer. Common core rejections are disassembled units or units damaged beyond rebuilding.

Disclaimer:
Unless otherwise provided by law the seller hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products or service.

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I understand the policies listed above and agree to be bound by them.
I authorize use of my credit card information below to be used in making my invoice payments unless other arrangements for payment have been agreed upon with seller.

_____	_____	_____
Customer Signature	Farm or Company Name (Please Print)	Date

Credit Card Information

_____
Credit Card Number Expiration Date Security Code

_____
Card Holder Name

_____
Street

_____
City, State & Zip Code of Card Billing Address