

INDIVIDUAL PARTNER RETURN AGREEMENT

This Agreement is entered into on this _____ day of _____, 20____, by and between:

The Company: _____

Address: _____

The Individual Partner: _____

Address: _____

Partner ID / Reference: _____

1. Purpose of Agreement

This Agreement governs the return of inventory, marketing materials, equipment, or promotional assets previously provided to the Individual Partner by the Company under their partnership or affiliate agreement. Both parties agree to the terms of return, assessment, and any applicable financial adjustments outlined below.

2. Description of Returned Items

The Individual Partner agrees to return the following items in accordance with the specified conditions:

Item Description	Quantity	Serial/ID Number	Condition on Return

3. Shipping and Handling

The responsibility for shipping costs, logistics, and insurance during transit for the returned items shall be as follows:

4. Inspection and Acceptance

The Company reserves the right to inspect all returned items within _____ business days of receipt. If items are found to be damaged beyond normal wear and tear, or are missing components, the Individual Partner may be liable for diminished value or replacement costs as specified below:

5. Financial Reconciliation

Upon successful receipt and inspection of the returned items, any outstanding security deposits, refunds, or commissions adjustments shall be processed as follows:

- Refund / Credit Amount: _____ to be paid to the Partner.
- Outstanding Fees / Deductions: _____ to be retained by the Company.

- Method of Payment: _____

6. Release of Liability

Upon fulfillment of the terms of this Agreement, including receipt of items in acceptable condition and final payment of any reconciliation amounts, both parties release each other from further claims, liabilities, or obligations specifically relating to the returned items.

7. Governing Law

This Agreement shall be construed, interpreted, and governed by the laws of _____.

For the Company:

For the Individual Partner:

Authorized Signature

Partner Signature

Printed Name

Printed Name

Title / Position

Tax ID / SSN (if applicable)

Date

Date