

# ProChek1 Vision X Marketplace - International Vendor Agreement

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Company Legal Address:

ProChek1 Vision X  
4595 Broadmoor Avenue, Suite 115  
Grand Rapids, Michigan 49512  
United States

Effective Date: [Insert Date]

Vendor Legal Name: [Insert Vendor Name]

Business Name (if applicable): [Insert Business Name]

Registered Country: [Insert Country]

Business Registration Number: [Insert Number]

Contact Email: [Insert Email]

Business Address: [Insert Full Address]

## 1. Purpose

This Agreement sets forth the terms and conditions by which ProChek1 Vision X authorizes the Vendor to sell certified products on its global marketplace platform. This Agreement complies with international trade, e-commerce, and export/import laws.

## 2. Legal Business Verification (International)

Vendor must be a registered legal entity and submit relevant documents including government-issued ID, certificate of incorporation, tax ID, and bank verification.

## 3. Product Eligibility

Products must be new, certified (FDA, CE, FCC, RoHS, etc.), include English-language manuals, and fall within approved categories like smart glasses.

## 4. Fees & Payment

Setup Fee: \$500 USD (non-refundable). Marketplace Commission: see chart. Payouts in USD, 7–14 business days after delivery.

## 5. Product Pricing

Minimum sale price: \$190 USD. Vendors may price higher.

## 6. Shipping & Fulfillment

Ship within 5 business days, provide tracking, and ensure secure packaging. Use UPS, FedEx, DHL or national carriers.

## 7. Returns, Warranty, and Replacements

15–30 day return window. 3-year warranty on smart eyewear required. Vendor responsible for replacements and defects.

## 8. Taxes & Import Duties

Vendors are responsible for all applicable taxes, duties, and legal documentation.

## 9. Compliance With International Laws

Vendor agrees to comply with global trade laws including WTO, WCO, and U.S./EU regulations.

## 10. Intellectual Property & Counterfeiting

Vendor certifies all products are authentic. Counterfeits lead to immediate termination.

## 11. Termination

15-day notice by either party. Immediate termination for violations.

## 12. Limitation of Liability

ProChek1 Vision X is not liable for delays or losses beyond its control.

## 13. Dispute Resolution & Jurisdiction

Jurisdiction: United States Federal Courts (Western District of Michigan). Mediation required before legal action.

## 14. Data Privacy & Confidentiality

Vendor must maintain confidentiality and comply with data laws including GDPR and CCPA.

## 15. Governing Language

English version controls in case of translation discrepancies.

## 16. Signatures

ProChek1 Vision X Representative

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Vendor Representative

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Registration Number: \_\_\_\_\_

Country: \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix A: Vendor FAQ**

### **What types of products can I sell?**

Only Smart Glasses, AR Smart Glasses, Inspection Safety Glasses, and Standard Safety Glasses that meet international certification standards (FDA, CE, FCC, RoHS, etc.).

### **What is the minimum product price?**

\$190 USD. This ensures warranty and support costs are covered.

### **How do I get paid?**

Payouts are made in USD within 7–14 business days after order delivery confirmation.

### **What are the shipping expectations?**

All orders must be shipped within 5 business days using approved carriers with tracking information uploaded to the Vendor Portal.

### **Do I need a business license to apply?**

Yes. All vendors must be legally registered businesses in their respective countries.

### **What happens if a product is returned?**

Refunds are automatically withdrawn from your bank account if the return is valid (e.g., defective or misrepresented items).

### **Who handles warranty claims?**

Vendors must provide a 3-year warranty. ProChek1 Vision X coordinates service, but vendors are responsible for coverage.

## Appendix B: Vendor Application – Screening & Approval Form

Please complete all sections accurately. Incomplete applications will not be processed.

Legal Business Name: \_\_\_\_\_

Country of Registration: \_\_\_\_\_

Business Registration Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website (if available): \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Product Categories Offered: \_\_\_\_\_

Certifications Held (FDA, CE, FCC, etc.): \_\_\_\_\_

Languages Supported in Product Manuals: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Upload Required Documents: ☐ Business License ☐ Tax Certificate ☐ Government ID ☐  
Product Certifications

### Bank Account Information (For Commission, Refund & Cancellation Withdrawals)

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Account Number/IBAN: \_\_\_\_\_

Routing Number/SWIFT/BIC: \_\_\_\_\_

Currency of Account: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_