

# SERVICE PROVIDER AGREEMENT

SportsArt partners with dealers and independent service technicians to provide skilled and courteous service to our mutual customers. As with any partnership, there are expectations. SportsArt expects that providers will abide by our code of conduct:

- Always represent SportsArt professionally
- Diagnose and resolve product issues efficiently and effectively
- Treat all customers and our staff fairly and respectfully

In return, our staff of expert technicians is available to assist in troubleshooting and we are continually working to expand our resources to help you grow your business and become more proficient in servicing our product. Service providers have access to training to obtain certification, leading to preferred referral status, higher reimbursement levels and a greater parts price discount.

Please download and review [our complete service provider packet](#). After reviewing, please read, sign and return this sheet and the requested information by email to [service@gosportsart.com](mailto:service@gosportsart.com).

I have read the service provider packet thoroughly, understand my company's obligations, and agree to abide by all SportsArt policies. I have read and agree to Sports Art's labor reimbursement policy and rates. Initialing below acknowledges the below statements:

\_\_\_ SportsArt supports their dealers and customers. If customers or dealers submit confirmed complaints about my activity in the market, my provider status can be revoked at any time without notice.

\_\_\_ SportsArt promotes good business practices. If SportsArt suspects unethical practices or behavior harmful to SportsArt or their customers, I understand that my provider status can be revoked at any time without notice.

\_\_\_ I understand that certification is not a permanent status and I may be required to periodically complete additional requirements to retain certification. A certification follows the technician.

Name \_\_\_\_\_ Office Phone \_\_\_\_\_ Ext. \_\_\_

Company \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ Email \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

\_\_\_ We install and service only what we sell.

\_\_\_ We would like to be considered for any installation and service opportunities in our area.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_