



## **Unilever Food Solutions Life Buoy Foot Pump Dispenser agreement:**

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

**Establishment:** \_\_\_\_\_

**Quantity of Foot Pump dispenser issued:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Effective contract period: \_\_\_\_\_

**Note:**

***This Life Buoy Foot Pump dispenser is to be used exclusively with Lifebuoy sanitizer.***

***Unilever Food Solutions reserves the right to uplift all Foot Pump dispensers if alternative sanitizer (non – Unilever products )is being used with the pump.***

Signature:

Unilever Representative: \_\_\_\_\_

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

Customer Designation: \_\_\_\_\_

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