

ISI Trial and Evaluation Agreement

Please sign and fax to 830-249-9433

Congratulations – You have chosen to evaluate the best O.R. products available!

Instrument Specialists Inc., (ISI), agrees to furnish new products, unless otherwise noted, without cost* or obligation for trial use for thirty (30) days to the following facility (Hospital):

Hospital: _____

Address: _____

City: _____ State: _____ Zip: _____

Stock #	Description	Price

The thirty day evaluation begins the day product is received. Your ISI Sales Representative will contact you at your convenience and explain in detail how the product is used. Assembly instructions will also be provided with the product. If additional assistance is needed, please call ISI at 800-537-1945.

The Hospital will provide a no-charge Purchase Order for record-keeping purposes. No billing will be done on this Purchase Order unless authorized. Your Accounting Department will receive a no-charge invoice.

If you elect to return the product within the 30-day period, please notify your ISI Sales Representative. When returning product, please use original or adequate packing material to protect the product and prevent damage. If the product is not returned in saleable condition within 30 days, a charge of \$25 per day will be accrued until evaluation unit is returned to ISI unless prior arrangements have been made.

ISI agrees that the above product remains the property of ISI and that the Hospital will assume responsibility for loss or damage of the above product while in the possession of the Hospital.

ISI agrees to pay all costs of packing, crating, and ground transportation to the Hospital for evaluation. The Hospital is responsible for return freight, if needed. If Hospital purchases the above product, freight charges will be added to the Hospital's final invoice.

ISI, in furnishing the item(s) for test and evaluation, realizes that performance of the test and evaluation procedure does not imply intent to purchase.

I have read the above policy and agree to the terms as stated. Please sign and fax to 830-249-9433.

Name (Please Print): _____ Date: _____

Signature: _____ Title: _____

Your Evaluation PO# _____

Phone Number with Area Code: _____

ISI Sales Representative: _____ Signature: _____

*"Cost" does not refer to applicable late fees, damage/replacement charges, or air freight.



ISI Medical & O.R. Products

A Division of Instrument Specialists, Inc.

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