



# 30 DAY TRIAL AGREEMENT

## Terms:

Your facility may evaluate the IsoDoorCaddy™ for a 30-day trial period. The trial period begins when the caddy is delivered. The IsoDoorCaddy™ must be returned, in the new condition, if not purchased. The facility agrees to pay shipping. Please provide your carrier/shipper number below.

If the IsoDoorCaddy™ is not returned after the trial period, the facility will be charged \$225.00 to cover the cost of the caddy and the hooks included. One trial per facility.

**To Submit this Form:** Print this form and complete all information requested. *Incomplete forms will not be considered for this trial.* Then FAX to 704-636-9840, or EMAIL to info@isodoorcaddy.com, or MAIL the form to the address below.

## About your facility:

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

Name of Healthcare System: \_\_\_\_\_

- How many beds does the facility have? \_\_\_\_\_
- What is your facility's timeframe to purchase PPE organizers?  Immediate  3-6 mos.  More than 6 mos.
- How many caddies does your facility anticipate purchasing?  30 or less  50 or more  100 or more
- What types of PPE organizers does your facility currently use?
  - Cloth/Fabric, hangs on the door  Plastic/Metal, mounts on wall or shelf unit
  - Plastic/Metal, hangs on the door  Cart
- How did you hear about us?  Internet Search  Postcard  Referral  Other \_\_\_\_\_

## Ship Trial To:

CONTACT NAME and POSITION:	
STREET ADDRESS:	
CITY:	
STATE & ZIP CODE:	
EMAIL ADDRESS:	
PHONE:	

Choose the IsoDoorCaddy™ style for your trial:  Classic  Compact

Choose the IsoDoorCaddy™ color:  Yellow  Stucco  Sky Blue  Garden Green

Each trial includes 2 Over the Door Hooks, 2 Surface Mount Hooks, and 3 Suction Cups

For Shipping:  Fed Ex  UPS Account Number: \_\_\_\_\_

I have read the agreement, accept the terms, and attest I am authorized to enter this agreement.

Authorized Signature:	Date:
Print Name:	Title: