SODORCADDY

30 DAY TRIAL AGREEMENT

Terms:

About your facility:

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.

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		
5. How did you hear about us? □Internet Search □Postcard □Referral □Other		
Ship Trial To:		
CONTACT NAM and POSITION		
STREET ADDRES	5:	
CIT	/ :	
STATE & ZIP COD	<u>:</u>	
EMAIL ADDRES	5:	
PHON		
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: