



## Terms:

Your facility may evaluate the IsoDoorCaddy<sup>™</sup> for a 30-day trial period. The trial period begins when the caddy is delivered. The IsoDoorCaddy<sup>™</sup> 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<sup>™</sup> 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:		

- 1. How many beds does the facility have? \_\_\_\_\_
- 2. What is your facility's timeframe to purchase PPE organizers? Immediate I-3-6 mos. More than 6 mos.
- 4. 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 NAME	
and POSITION:	
STREET ADDRESS:	
CITY:	
STATE & ZIP CODE:	
EMAIL ADDRESS:	
PHONE:	

Choose the IsoDoorCaddy<sup>™</sup> style for your trial: □Classic □Compact □CompactLite Choose the IsoDoorCaddy<sup>™</sup> 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: