

Prentke Romich Company Trial Evaluation Contract

With increasing numbers and varieties of technical aids on the market, it can be difficult to make the best selection based on literature alone. PRC and its network of Regional Consultants feel that it is very important to potential consumers and professionals to have an opportunity to work directly with PRC products before making a final decision. **Please return both pages of the Trial Evaluation Contract**

Prentke Romich's Trial Evaluation Policy is as follows:

1. Only those products of which there is adequate inventory will be available for evaluation. Products that are just being introduced, which are temporarily out of stock, or which are being discontinued may not be available.
2. We strongly urge you to request training on rental devices, PRIOR to beginning your trial period. We cannot extend trial periods at no charge for training issues. If training is not requested prior to receipt of a device; training may not be available during the rental period. If you need training, make an appointment with the Seminar Registration Desk at (800) 848-8008, or visit our web-site for a schedule of our on-line trainings prior to receiving your device.
3. Equipment is available for evaluation for one (1) to four (4) weeks. If equipment is not returned at the end of the evaluation period, it will be assumed that purchase is desired. You will then be billed for full list price. Non-return of equipment may also result in suspension of future shipments and/or service assistance.
Printed Name: _____, Initials: _____, Date: _____
4. All of the standard components with which the item is sold will be included for use during your trial period. The trial evaluation device includes Unity® and PCS symbols. Additional language programs are available upon request and PCS symbols are an added feature, purchased separately at the time of sale. Optional accessories may be available and must be requested separately. Most accessories are available without any additional cost.
5. At the end of your evaluation period, you may purchase the equipment used during that period. If you purchase the equipment in your possession, 100% of the payment for the trial evaluation period* and 50% of the shipping cost may apply toward that purchase. In addition, PRC will offer you a 5% discount off the list price.
6. New units can be purchased and will be shipped, based on current lead times, upon the return of the evaluation device. If a new unit is purchased within 90 days of the end of the trial evaluation period, 100% of the payment for the trial evaluation period* may apply toward that purchase, however, none of the shipping will apply.
7. If a funding source such as insurance pays less than full list price, the evaluation payments will be applied toward the remaining amount due.
8. A signed trial evaluation contract is required and payment must be guaranteed prior to shipping. Payment can be in the form of a purchase order, check, Visa, MasterCard, Discover, American Express or COD (COD is not available in all areas).
9. When the signature of a private individual secures the contract their social security number and credit card number are required. The credit card will only be charged if the customer designates it as the method of payment for the evaluation, other funding attempts are unsuccessful, or the equipment is not returned. When the signature is a representative of a facility or business, a Federal Identification number or EIN# is required.
10. Shipping charges are additional and cover shipping both ways.
11. Damage, loss, or theft of an evaluation unit is the responsibility of the undersigned individual or, in the case of a representative, to the entity represented.
Printed Name: _____, Initials: _____, Date: _____
Representing: _____ Individual/entity name

If you have any questions about this policy, contact your Regional Consultant or PRC's Sales Office.

Note: Prentke Romich is bound to the rules and regulations of the state in which this contract is executed.

Return signed rental contract to:

PRENTKE ROMICH COMPANY

1022 Heyl Road

Wooster, OH 44691

Phone: 800-262-1984 Fax: 330-263-4829

*Trial evaluation period consists of one (1) to four (4) weeks of paid rental fees.

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1. CLIENT-The client is the person who will be receiving the equipment or services

Client Name (Last, First, MI):			
Address:		Name of Facility:	
City:	State:	Zip:	County:
Home Phone: () -		Work Phone: () -	
		Fax: () -	

2. BILLING ADDRESS - The facility or individual issuing the purchase order, credit card, check or other payment

Name/Facility:		Contact:	
Relationship to Client:	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (please specify)		
Address:		E-Mail:	
City:	State:	Zip:	
Phone: () -		Alternate Phone: () -	
		Fax: () -	

3. SHIPPING ADDRESS - Check if the shipping address is the same as the client address , or billing address , or complete below if different than either.

Name/Facility:		Contact:	
Address:		E-Mail:	
City:	State:	Zip:	
Phone: () -		Alternate Phone: () -	
		Fax: () -	

4. EQUIPMENT -Choose one device listed below and software, plus list accessories needed. *If requesting a wheelchair mounting kit, please specify the tubing size of your wheelchair.* **Please carefully read item #2 on page one of this contract regarding TRAINING.**

Option A	<input type="checkbox"/> Accent 1400 <input type="checkbox"/> Unity <input type="checkbox"/> Wordpower <input type="checkbox"/> Essence <input type="checkbox"/> Unidad -Bilingual (select one)	Rate: \$75.00 per week	Shipping: 60.00
Option B	<input type="checkbox"/> Accent 1000 <input type="checkbox"/> Unity <input type="checkbox"/> Wordpower <input type="checkbox"/> Essence <input type="checkbox"/> Unidad- Bilingual (select one)	Rate: \$75.00 per week	Shipping: 60.00
Option C	<input type="checkbox"/> Accent 800 <input type="checkbox"/> Unity <input type="checkbox"/> Wordpower <input type="checkbox"/> Essence <input type="checkbox"/> Unidad-Bilingual (select one)	Rate: \$75.00 per week	Shipping: 60.00
Option D	<input type="checkbox"/> NuEye (available for the Accent 1000 and Accent 1400 only)	Rate: \$75.00 per week	Shipping: 60.00
Option E	<input type="checkbox"/> NuPoint (available for all Accent Products)	Rate: \$20.00 per week	Shipping: 25.00
Option F	<input type="checkbox"/> BJoy (Joystick Adaptor for Wheelchair) <input type="checkbox"/> Wired <input type="checkbox"/> Wireless	Rate: \$25.00 per week	Shipping: 25.00
Option G	<input type="checkbox"/> Prio <input type="checkbox"/> Prio Mini	Rate: \$75.00 per week	Shipping: 60.00
Accessories:			

5. METHOD OF PAYMENT-Indicate method of payment and calculate total cost for this evaluation, *attach check or purchase order.*

<input type="checkbox"/> Mastercard, Visa, American Express or Discover Expiration date: ____month ____Year		<input type="checkbox"/> COD	<input type="checkbox"/> Check
Credit card #	CVV2# _____	<input type="checkbox"/> Purchase Order PO must be attached/enclosed	
<input type="checkbox"/> Medicaid, Medicare or Insurance	Number of weeks x Rate + Shipping = Total <small>Taxable in all states except AK,CT,DC,DE,FL,ID,MO,MT,NE,NH,NJ,NY,OR,PA,TN,TX,VT,VA,WI and WY.</small>		

6. TERMS OF AGREEMENT-Below signature indicates that you understand and agree to terms of the attached policy. If an individual signs on behalf of a facility, the facility must agree to assume responsibility for the equipment should the individual and facility part company.

1.	I understand this equipment is on a trial basis and must be received back by PRC on or before the due date on the packing slip.
2.	My signature implies authorization for PRC to charge my credit card in the event that I fail to return the equipment.
3.	I understand that I am responsible for any repair or replacement costs incurred due to abuse, negligence, loss or theft.
4.	I intend this to be legally binding whether transmitted by mail or facsimile.
5.	I understand I am required to provide my social security (or EIN#) and a credit card number regardless of my method of payment. Federal ID#, EIN or Social Security # or Drivers License # _____
Signature of Person Assuming Financial Responsibility for Equipment _____	
Printed Name _____	