



## **Saltillo Corporation Evaluation/Loan Policy**

**Effective 10/2011**

Saltillo Corporation has developed an Evaluation/Loan program to allow centers to become familiar with products before purchase. This period can be used to familiarize and train staff with updated technology and/or to assess current client(s) for device placement.

### **Saltillo Corporation's Evaluation/Loan Program 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, not manufactured by Saltillo, or which are discontinued may not be available.
2. Equipment is available for evaluation for 10 days. If equipment is not returned at the end of the evaluation period, it will be assumed that additional rental is desired. You will be billed at current rental rates. In some instances, non-return of equipment may also result in ineligibility to participate in the Evaluation/Loan Program in the future. Please contact Saltillo immediately if you desire to maintain equipment longer than originally agreed.
3. At the end of your evaluation period, you may purchase the equipment used during that period at a promotional price. Contact Saltillo for details at 877-397-0178. Alternatively, new units can be purchased and will be shipped upon the return of the evaluation device.
4. A signed Evaluation/Loan Agreement is required and a method of payment security must be listed prior to shipment. Payment security can be in the form of a Purchase Order or Visa or MasterCard credit card. Charges will only be incurred for damage, non-return, or in the event you desire purchase.
5. Use the enclosed UPS label to return the device to Saltillo by the return due date listed on the packing slip.
6. Damage, loss, or theft of an evaluation unit is the responsibility of the customer.



## Saltillo Evaluation/Loan Agreement

### 1. BILLING/SHIPPING ADDRESS

The equipment will be shipped and picked up at this address. If payment security comes from another source, please attach a copy of a Purchase Order or list the same information for the second source on the back of the contract.

Name:		Contact:
Address:		E-Mail (Required):
City:	State:	Zip:
Phone:	Alt. Phone:	Fax:

### 2. EQUIPMENT

Choose one device listed below and list accessories needed.

NOVA chat 7 <input type="checkbox"/>		Specify Symbol Set: SymbolStix <input type="checkbox"/>	PCS Symbols <input type="checkbox"/>
ChatPC-4 <input type="checkbox"/>	Specify Synthesizer for Silk/ALT-Chat	Specify Symbol Set for Silk/ALT-Chat	
ChatPC-Silk <input type="checkbox"/>	NeoSpeech <input type="checkbox"/>	SymbolStix <input type="checkbox"/>	PCS Symbols <input type="checkbox"/>
ALT-Chat <input type="checkbox"/>	Acapela <input type="checkbox"/>	Other Accessories: _____	
ChatBox-40 <input type="checkbox"/>	Speak Out <input type="checkbox"/>		
Voice Amplifier:	Falck <input type="checkbox"/>	EchoVoice <input type="checkbox"/>	Naphon <input type="checkbox"/>
	EchoVoice <input type="checkbox"/>		

Requested Start Date \_\_\_\_\_ for 10 days

### 3. METHOD OF PAYMENT \*(Required)

Please indicate the method of payment security. Remember charges only occur for non-return, damage, or per your instructions.

MasterCard  # \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV2 code \_\_\_\_\_  
(3 digit, back of card)

Visa  # \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV2 code \_\_\_\_\_  
(3 digit, back of card)

Purchase Order  # \_\_\_\_\_

### 4. TERMS OF AGREEMENT

Below signature indicates that you understand and agree to terms of this 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 Saltillo on or before the due date on the packing slip
2. My signature implies authorization for Saltillo to charge my credit card or purchase order 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.

Signature of Person Assuming Financial Responsibility for Equipment \_\_\_\_\_

Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Return signed Evaluation/Loan agreement at least THREE WEEKS PRIOR to the desired shipment date to:

SALTILLO CORPORATION  
2143 Township Road 112, Millersburg, OH 44654  
Phone: 877-397-0178 Fax: 330-674-6726