



Saltillo Evaluation Policy

Effective 2/2019

Saltillo 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'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 4 weeks. 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. 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.
4. Use the enclosed UPS label to return the device to Saltillo by the return due date listed on the packing slip.
5. Damage, loss, or theft of an evaluation unit is the responsibility of the customer.

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

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.

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

2. EQUIPMENT- Choose one device listed below and list accessories needed.

<p style="text-align: center; margin: 0;">NovaChat®</p> <input type="checkbox"/> NovaChat® 5 <input type="checkbox"/> NovaChat® 8 <input type="checkbox"/> *Active or <input type="checkbox"/> Classic <input type="checkbox"/> NovaChat® 10 <input type="checkbox"/> NovaChat® 12	<p style="text-align: center; margin: 0;">ChatFusion™</p> <input type="checkbox"/> ChatFusion™ 8 <input type="checkbox"/> ChatFusion™ 10 <input type="checkbox"/> ChatPoint™	<p style="text-align: center; margin: 0;">TouchChat Express™</p> <input type="checkbox"/> TouchChat® Express 8 <input type="checkbox"/> TouchChat® Express 10
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Active Wrap (Available for NovaChat 8 only) - has thick foam outer shell, making it larger and more durable in drops/falls.
 Classic Wrap (Available for NovaChat 8 only) - has familiar Saltillo classic design.
 Color of wrap for device will vary.

Options/Accessories:

<input type="checkbox"/> Optional Language: Spanish <input type="checkbox"/> Accessories _____

Requested Start Date _____ for **4 weeks**

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/ VISA (circle one) # _____ Expiration Date _____ CVV 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. For replacement cost see attached flyer. Repair costs are based on the nature of the repair not to exceed replacement cost.
4. I intend this to be legally binding whether transmitted by mail or facsimile.

Signature of Person Assuming Financial Responsibility for Equipment _____

Phone: _____ 2nd Phone: _____ Email: _____

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

Saltillo Loan Department
 1022 Heyl Road, Wooster, OH 44691
 Phone: 800-382-8622 Option 2: Fax: 330-202-5827