

BUXTON'S LOAN & RENTAL PROGRAM Request and Agreement

Order Number
Control #

OFFICE USE ONLY

Caller: _____ (Contact)

Phone: _____ (Contact #)

Customer: _____

Purchase Order: _____

Ship To: _____

Surgery Date: _____

Ship Via: _____

Fax Number: _____

New Customer (send Credit Appl. for Bill To)

			# of Days	Confirm and initial
<input type="checkbox"/>	24-8001L	Deluxe Shoulder Repair Set	\$400/day	_____
<input type="checkbox"/>	24-6001L	Standard Shoulder Repair Set	\$325/day	_____
<input type="checkbox"/>	24-8500L	Optimal Shoulder Set	\$450/day	_____
<input type="checkbox"/>	24-8600L	Arthroplasty "Total Shoulder" Repair Set	\$250/day	_____
<input type="checkbox"/>	_____	_____	\$_____/day	_____
<input type="checkbox"/>	_____	_____	\$_____/day	_____

Agreement:

Please read
and initial

1. We agree to return the borrowed items within one business day following the scheduled surgery. The items will be checked against the included rental check list to ensure all items are returned.

2. In the event of a cancelled or rescheduled surgery, we agree to contact Buxton for permission should a further extension of loan if necessary. Otherwise, we agree to return the rented item(s) immediately upon the cancellation of surgery.

3. We understand that a rental fee of \$_____ plus shipping and handling will apply and, unless we receive an extension from Buxton, the consignment will be shipped back no later than _____.

4. We accept the late return fee charges of \$_____ for each day the consignment is held beyond the return date indicated above, unless written permission from Buxton BioMedical, Inc. is granted.

5. We will decontaminate and sterilize instruments following surgery. We will complete and sign the Cleaning Certification prior to returning instruments. We understand the consignment may be rejected or charged an additional cleaning charge (\$500) if the cleaning certificate is not faxed in prior to shipment.

Name

Title

Signature

Date