Customer Equipment Trial Form

DATE: _____ **CUSTOMER NAME: _____**
PHONE NUMBER: _____ **EMAIL: _____**

ITEM #: _____ **ITEM COST: _____**

ITEM DESCRIPTION:

_____

_____

2-Week trial offer. This piece of equipment is being shipped to you on a 2-Week trial basis. Our customer service department will contact you in 2 weeks to ask for your feedback on the equipment.

The customer is responsible for all charges associated with shipping and handling to and from Jerry's Equine Dental Tools. The shipments must be insured for a value equivalent to the cost of the item listed above.

Prior to returning the equipment to Jerry's Equine Dental Tools, the equipment needs to be cleaned and properly packaged. Please return the equipment to:

Jerry's Equine Dental Tools
9225 Rocky Canyon Road
Atascadero, CA 93422

Jerry's Equine Dental Tools reserves the right to charge the customer's credit card for the full cost of the item if the equipment is not returned during the week following the 2-week trial period.

A $75.00 per hour cleaning fee (minimum 1 hour) will be assessed to the customer if the equipment is returned with tooth debris and/or biohazard contamination. Repair charges also will be assessed to the customer if Jerry's Equine Dental Tools deems the damage was caused by misuse or abuse of the equipment during the 2-week trial period.

Thank you for your interest in Jerry's Equine Dental Tools equipment.

SHIP DATE: _____ **RETURN DATE: _____**

Call customer service to provide credit card information.

_____ _____
Customer's Signature Date

Phone: 1-844-537-7932 Email: sales@equinedentaltools.com