FlintRehab 21 Day Evaluation Agreement

Receive your free evaluation unit by Flint Rehabilitation Devices by completing the form below. Questions? Contact us at (800) 593-5468 Monday through Friday 8:00AM-5:00PM PST.

Recipient/Evaluator		
Date:		
Facility Name:		
Contact Person:		
Shipping Address:		
City, State & Zip Code:		
Phone: _ Email:		
_		
Select Device		
MusicGlove F	FitMi	
Select Workstation (sele	ct one or more)	
10" Touchscreen Tab	let 21" HP Slate Monitor	Use my own computer
	Refer to provider's guide for info about specif	fic products
For a cus	tom sales quote or to order Flint products, cont	act us at (800) 593-5468.
Terms and Conditions		
As the recipient of Flint's eq	uipment, I agree to the terms and conditions I	below:
1 Flint Rehabilitation device	es offers a free evaluation of thirty (30) days from	n the date Flint ships the Product (i.e.
	ng followed by a 21 day evaluation, generally). T	
	held liable for any damages or wear related to n	
	I will receive an email confirmation once the processing Tracking Number. Flint will cover All chips	• •
·	pping Tracking Number. Flint will cover ALL shipp n the Product and Accessories to Flint by the end	
	8 to receive your prepaid return label.	, or the remodi
	y fails to return the Product unit(s) and all other r	related items as described herein by the
Return Date given, or the	Product unit(s) is/are lost or stolen while in the	Company's possession or control, the Company
_	unit(s) will be deemed to have been sold to the Co	
each Product and all rela	ted items itemized above at the retail price at the	e date of the agreement.
Authorization - Please pr	rint and sign your name	
Printed Name:		
Signature:		
Return Date (Please ship by)		
,	(To be filled out by Flint Sh	ipping Department only)

Return this form via Fax (949) 419-1394 or email to sales@flintrehab.com