



Tel:
Fax:

TRIAL AGREEMENT

Name: _____ Phone: _____
Driver's License: _____ DOB(D/M/Y): _____
Time period from: _____ to Trial End _____

2 weeks 1 month
Trial extension/Rental (All CPAP/APAP \$100/month All BIPAP \$200/mth)

Machine Type: CPAP / APAP/ BIPAP / BIPAP AUTO / BIPAP ASV

Machine Model: _____

Machine S/N:	_____	New	Trial
Humidifier S/N:	_____	New	Trial
Humidifier chamber Lot#:	_____	New	Trial
Mask Lot#:	_____	New	Trial
Tubing/heated tubing Lot#:	_____	New	Trial

Pressure Settings: _____

Security Deposit

N/A
\$300 Overnight Oximetry
\$300 CPAP
\$400 APAP
\$1,000 BIPAP
\$1,500 BIPAP Auto
\$2,000 BIPAP ASV

Clinical / Restocking Fee (Non-Refundable)

\$100 (Download Included)
\$150
\$150
\$300
\$300
\$300

Method of Deposit

VISA MC Cash Debit

****Note: Please Refer to Credit Card Pre-Authorization Form for Payment Information!**

No smoking is allowed while you are using CPAP/ BIPAP therapy. If smoke damage is evident, client will forfeit the deposit.

Please Note: By signing this trial agreement, you are aware and fully responsible for the full cost of the medical equipment provided, within the trial/rental time period stated in this agreement. Failure to comply to the terms of this trial/rental agreement will result in CPAP DIRECT LTD. charging the full cost of the medical equipment to the credit card provided in file. Or resulting in your file to be sent to Dixon Commercial Investigators, a third party collections agency, that will collect the outstanding balance for CPAP DIRECT LTD.

Client Signature: _____ Date (D/M/Y) _____

Clinician Signature: _____ Date (D/M/Y) _____