

# COOLVEST SYSTEM

170 Andrew Drive  
Stockbridge, GA 30281  
Sales & Service 800-345-3176 Fax 678-289-4325  
www.surgeoncoolvest.com

## CoolVest System *Trial Evaluation and Rental Request*

Thank you for your interest in **Surgeon's CoolVest System**. We offer a **30 day trial** evaluation of our Surgeons CoolVest Systems. Should you decide to keep the system beyond the trial period, you will begin our rental program. The rental rate for this system is \$198.00 per month. This rental period is indefinite, and we do not require any rental contracts. You may cancel the rental at anytime by either sending the system back to us, or by purchasing the system. We will need a **n/c purchase order number** for the trial and rental.

Single surgeon trials include one vest; dual surgeon trials include two vests, multi-system up to six vests. Vest sizes are: **Small** (less than 38), **Medium** (38-42), **Large** (44-48), **X-Large** (50-54), **XXL** (56-60) and **XXXL** available by request.

**Please fax this completed form back to 678-289-4325.** Call us at **800-345-3176** if you have any questions about any of this information. Thanks again for your interest; we look forward to working with you.

Date \_\_\_\_\_ Standing Purchase Order # \_\_\_\_\_ Requested Trial Start Date \_\_\_\_\_

We request (check one): Single Surgeon System \_\_\_\_\_ Dual Surgeon System \_\_\_\_\_ Multi-person System \_\_\_\_\_

Vest size(s) needed \_\_\_\_\_

### SHIP TO:

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### BILL TO:

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

OR Contact Name / Title: \_\_\_\_\_

OR Contact Phone #: \_\_\_\_\_ OR Contact Fax #: \_\_\_\_\_

OR Contact E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Equipment Requestor

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Equipment Requestor Phone #

\_\_\_\_\_  
Equipment Requestor E-mail Address