

COOLOR®

FREE 45-DAY TRIAL PROGRAM



TRIAL CONTACT: _____

HOSPITAL: _____

STREET ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE: _____

EMAIL: _____



A HARD COPY OF A NO CHARGE PURCHASE ORDER IS REQUIRED TO INITIATE A FREE TRIAL. PLEASE READ AND SIGN THE TERMS AND CONDITIONS ON REVERSE.

COOLOR® COOLING VEST SYSTEM INCLUDES:



- Cooling Vest (two options available)
- Water-Tight Cooling Reservoir (three sizes available) featuring a neoprene gasket seal, high density insulation and stainless-steel compression latches
- Drain Accessory
- Digital Temperature Flow Control
- 12 Volt/3 Amp Grounded Transformer
- Lithium-ion Battery Pack with Charger
- Quick Disconnect Dry Couplings
- 10-Foot Detached Insulated Tubing Extension

CHOOSE COOLING VEST STYLE, MATERIAL AND SIZE:



ADJUSTABLE VEST (#CFA)

MATERIAL:

- ___ Breathable, easy-clean nylon
- ___ 97% cotton / 3% spandex blend

SIZE (circle one):

S/M M/L L/XL XL/2XL 2XL/3XL



FITTED VEST (#CFF)

MATERIAL:

- 100% Cotton (only choice available)

SIZE (circle one):

S M L XL 2XL 3XL 4XL

CHOOSE COOLING RESERVOIR STYLE AND SIZE:



- | | | |
|---|---|---|
| <input type="checkbox"/> 13 QUART (#CORS-13) | <input type="checkbox"/> 19 QUART (#CORS-19) | <input type="checkbox"/> 30 QUART (#CORS-30) |
| with carrying handle (no wheels or cart) | ___ with integrated wheels and retractable handle | ___ with integrated wheels and retractable handle |
| | ___ Wheeled Basket Cart instead of integrated wheels and handle | ___ Wheeled Basket Cart instead of integrated wheels and handle |

TERMS AND CONDITIONS OF FREE 45 DAY TRIAL:



THANK YOU FOR YOUR INTEREST IN OUR PRODUCTS!

To initiate the FREE 45 day trial, we will need both the no charge PO and this completed trial form (signed below). We require a hard copy of the no charge PO to be sent via e-mail or fax. We will send out a brand new vest and system for the trial.

AT THE CONCLUSION OF THE TRIAL:

1. If you decide to keep the system, we will bill you for it.
2. If you decide to return the system, it must be returned as soon as possible at your cost. There will be no charges from Polar Products.

**PLEASE E-MAIL OR FAX COMPLETED FORM AND NO CHARGE PO TO:
JACOB GRAESSLE • EMAIL: JACOB@POLARPRODUCTS.COM • FAX: 330.253.4233**

I agree to provide performance feedback within 45 days of receipt of this system, unless a special request is submitted in writing to Polar Products to extend this time if needed. I agree to either authorize payment for this system at or before the end of the 45 day period or return the system to Polar at my cost. If the product is damaged or lost while in my possession for the trial period, the trialing facility will be responsible for the cost of the product. I understand that failure to comply with these conditions will result in the automatic billing for the system at 60 days on the submitted purchase order and payment will be due immediately.

SIGNATURE OF AUTHORIZED PERSON REQUESTING FREE TRIAL:

PRINTED NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

SIGNATURE OF AUTHORIZED PURCHASING PERSON:

PRINTED NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____