

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® NON-TETHERED ADJUSTABLE COOLING VESTS:

- Offer cost-effective cooling for the entire OR staff!
- Allow for freedom of movement while providing effective cooling at a great value.
- Reusable cooling packs fit into insulated pockets inside the vest.
- Vests are adjustable at the shoulders, chest and waist for a snug, comfortable fit.
- Vests are available in cotton or breathable, easy-clean nylon.

CHOOSE COOLING PACK TECHNOLOGY:

☐ KOOL MAX® WATER-BASED COOLING PACKS

Require a freezer and offer the highest level of cooling in any environment for up to 3-4 hours. (KM)

☐ COOL58® PHASE CHANGE COOLING PACKS

Freeze at 58°F and cool at a constant 58°F for up to 2-3 hours. Ideal choice when freezers are not available; can be charged in ice water, refrigerator or freezer. (PC)

CHOOSE PACK SIZE:

☐ #KMVZ: 8-12 SMALLER PACKS

8-12 smaller cooling packs (4.5" x 6" each) allow for greater flexibility in weight and cooling location.



KM 4.5" x 6"



PC 4.5" x 6"

☐ #PCVZ: 4 PACK STRIPS

Pack strips (6" x 15" each) allow for convenience in changing out the cooling packs.



KM 6" x 15"

PC 6" x 15"

CHOOSE COOLING VEST MATERIAL, COLOR AND SIZE:

MATERIAL:

___ Lightweight and breathable 100% cotton twill in black, khaki or blue

___ Soft, easy-clean and breathable, 100% 2-ply nylon in dark blue

COLOR (cotton only):

☐ Black ☐ Khaki ☐ Blue

SIZE (circle one): XS/S S/M M/L L/XL XL/2XL 2XL/3XL

SIZE	CHEST & WAIST CIRCUMFERENCE	VEST LENGTH
XS/S (#KMVZ only)	30" - 38"	18" - 19"
S/M	32" - 40"	19" - 20.5"
M/L	34.5" - 44.5"	21" - 22.5"
L/XL	36.5" - 51.5"	22.5" - 24.5"
XL/2XL	38.5" - 56.5"	25.5" - 27.5"
2XL/3XL	43" - 64"	25.5" - 27.5"

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 vest, we will bill you for it.
2. If you decide to return the vest, 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:

EMAIL: POLAR@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 vest at or before the end of the 45 day period or return the system to Polar at my cost. If the vest or packs are 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:** _____