



CUSTOMER AGREEMENT – TRY BEFORE YOU BUY

This Agreement, by and between _____ (Customer), as accepted by its authorized representative _____, and DentiMax, LLC sets forth the terms whereby DentiMax, LLC will provide equipment items for the Customer to evaluate in their own offices for up to a 14 day period at no initial charge to the Customer.

Subject to approval, Customer may select items from the list below which establishes the value placed on each item.

	Item	Serial Number (to be assigned)	Value	Customer Initials
___	Size 1 Digital Sensor	_____	\$5,999	_____
___	Size 2 Digital Sensor	_____	\$6,999	_____
___	Laptop Computer	_____	\$ 699	_____
___	Inter-Oral Camera	_____	\$ 600	_____

Customer agrees to be responsible for the item in their care and to ensure it is not damaged, lost or stolen. Upon completing an evaluation, Customer has the option to purchase the item or return it to DentiMax, LLC. Items to be returned must be packaged to ensure their safety and sent via UPS, FEDEX, or a carrier approved by DentiMax, LLC. Customer is responsible for all applicable shipping and insurance cost for the return. Following receipt, DentiMax, LLC will test the item to ensure it is in good working condition and fit for resale.

In the event Customer does not make other payment arrangements or return the item, or it is damaged, lost, or stolen, Customer agrees that DentiMax, LLC will charge the appropriate value to the credit card listed below. This Agreement is binding for both the Customer and DentiMax, LLC and becomes effective on the date DentiMax, LLC accepts the Agreement.

This Agreement contains the full understanding of the parties and shall not be waived, modified, or altered without the written authorization of both parties. No course of conduct, action, or inaction on the part of DentiMax, LLC shall be deemed to be a waiver of any DentiMax rights under this Agreement. This Agreement shall be interpreted according to the laws of the State of Arizona.

Customer Name: _____ Account # _____

Authorized Customer Signature: _____ Date: _____

Printed Name _____

Credit Card Name: _____ Number: _____ Exp. Date: _____

Billing Address: Street: _____ City: _____ State: ___ Zip: _____

Acceptance by DentiMax, LLC: _____ Date: _____