

# Demonstration Agreement

## For Chemyx Syringe Pumps

**Chemyx, Inc.**  
Fax: 1-281-277-0045  
Email: sales@chemyx.com

**Model Requested**

### Shipping Information

Name:		Phone:	Fax:
Company :		E-mail:	
Address:		Card Number:	
City:		Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Other	
State:	Zip Code:	Exp Date:	CVC:

### Billing Information

Billing: <i>Check Here if Same as Above</i> <input type="checkbox"/>		Name:	
Address:		Phone:	
City:		Fax:	
State:	Zip Code:	E-mail:	

### Agreement

By signing below, I agree to a **demonstration test period of 2 weeks** after receipt of the instrument. I agree to decontaminate and promptly ship the instrument back to Chemyx Inc. in working order after the demonstration period.

I agree to handle return shipping costs. I also hereby authorize Chemyx, Inc. to initiate debits to the credit card number shown above for depository purposes unless otherwise specified by Chemyx.

In addition, I certify that I am an authorized agent acting on behalf of the above mentioned company/or credit card holder.

I agree the unit will be in the same working and physical condition as it was when it was delivered. I will be held liable for the amount necessary to restore the unit if damaged.

I understand that the credit card provided will be charged if any damages do occur.

Name:
Signature:
Date: