



## EQUIPMENT EVALUATION PROCESS AND AGREEMENT

Thank you for your interest in evaluating our product(s). Winco supports a "hands on" evaluation and believe it this to be a beneficial step in your selection and purchasing process. We are confident that you will be pleased with the quality, features and workmanship of our products. Please review the Terms and Conditions of this agreement and then fill out and return the Equipment Evaluation Form included.

### STEP 1 – Paperwork/Prepayment is received

- Requestor completes Equipment Evaluation Form below and submits with Purchase Order for the product(s) being evaluated
- Deposit and/or Pre-payment may be required before order can be entered

### STEP 2 – Order is Processed

- Winco enters the order and provides requestor a ship date
- Product ships from Winco's dock
- Winco issues Invoice for product and Dock to Dock freight charges
- Special freight services requested by product recipient (i.e. - Lift gate, Inside Delivery, etc) will be charged to the requestor.

### STEP 3 – Evaluation Occurs

- Requestor has a 10 business day trial period to evaluate the product. The evaluation period begins upon receipt of the equipment.
- Product MUST NOT be subjected to regular use (i.e. - Patient treatment) or as a substitute or replacement product unless Requestor commits to purchasing the evaluation product prior to use in that capacity.
- Winco provides the proper carton and packing materials with product shipment. PACKAGING MUST NOT BE DISCARDED, and must be available for return shipment unless the evaluation product is purchased.

### STEP 4 – Requestor notifies Winco of purchase decision

- Requestor must inform Winco of the decision to purchase or return the evaluation product on or before the last day of the evaluation period.

### STEP 5A – Requestor PURCHASES product

- If Requestor elects to purchase product, they are responsible to pay the Invoice. Any requested, pre-approved special freight services will be charged to the purchaser.

### STEP 5B –Requestor RETURNS product

- If Requestor decides to return the product, they will be responsible for contacting Winco to obtain an RMA# and arrange return by the end of the 10 day allotted timeframe
- Requestor agrees to pay 30% Restocking Fee for any product where arrangements have not been made to return product to Winco within 15 business days of original ship date
- Requestor will be responsible to pay Return Freight Charges to Winco's dock
- When packaging product for Return, Requestor must use original box and packing material as received. Product must be repacked carefully to minimize any possibility of damage from return transit.
- If original box and packing material is discarded, Requestor will be charged for replacement material
- Requestor agrees to pay for any damage to the product (i.e. - torn upholstery, broken parts or any work required to return the product to a like new condition)

### STEP 6 – Evaluation Survey is received and completed

- Winco will send an electronic survey to the Customer who agrees to complete it and return to Winco for market feedback purposes

### STEP 7 – Credit is Issued

- Once product is returned and received, a Credit Memo will be issued with applicable charges deducted from the total credited amount (Product, Outbound Freight Charges, Restocking Fee, Product Damage)

Winco appreciates the opportunity to provide you and your customer with our quality products.

Do not hesitate to contact us at **1-800-237-3377** if you have any questions.



## EQUIPMENT EVALUATION FORM

Please fax (352- 854-9544) or email (customer@wincomfg.com) the completed form to Winco

Please note, your signature acknowledges your understanding and agreement with all Terms and Conditions of the Evaluation Agreement

<b>PRODUCT INFORMATION</b>	
Model(s) being Evaluated	
Color	
Additional Options	
Any Additional Notes:	
<b>DEALER INFORMATION</b>	
Business Name	
Account Number (if applicable)	
Contact Name	
Title	
Phone# /Fax#	
Address (Street, City, Zip)	
Email Address	
Signature	
Date	
<b>END USER (SHIP TO) INFORMATION</b>	
Business Name	
Account Number (if applicable)	
Contact Name	
Title	
Phone# /Fax#	
Address (Street, City, Zip)	
Email Address	
Signature	
Date	