



Purchase Agreement and Doctor's Prescription for the ArtAssist® Device

This agreement is between ACI Medical, LLC (hereafter called ACI) and the Purchaser of the equipment named below (hereafter called Buyer). I/we agree as follows.
(Please print all information.)

Buyer's Name _____

Shipping Address _____

City, State, Zip or _____
Province, Country, Postal Code

Billing Address _____
(If different from shipping address)

City, State, Zip or _____
Province, Country, Postal Code

Tel _____ **Fax** _____

Email _____

VISA, MasterCard, American Express, Discover, credit cards accepted.

Credit Card # _____

Expiration _____ **CVV#** _____

Name Printed on the Credit Card _____

Buyer agrees to purchase the ArtAssist Device (hereafter called ArtAssist or Device) from ACI using the credit card number described above for a Two Limb System (Bilateral) at US\$5950.00. ACI will bill the above credit card in the above amount plus sales tax if applicable to Buyer. ACI will ship by UPS ground (included in price) unless otherwise specified by Buyer.

Warranty: ACI warrants to Buyer that goods sold to Buyer will perform in accordance with the applicable data sheet or agreed-on specification and at the time of sale will be free from defects in material and workmanship. For instruments and non-expendable accessories, this warranty shall apply for a period of one year from the date of delivery unless the goods have been subject to misuse, accident, damage, improper installation or maintenance, or alteration or repair by any one other than ACI or its authorized representative. Cuffs and expendable items are guaranteed from defects at the time of delivery. Buyer shall notify ACI promptly in writing of any claim based on this warranty. ACI MAKES NO OTHER OR FURTHER WARRANTY, EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE OR WARRANTY OF MERCHANTABILITY.

Buyer agrees to contact his/her physician immediately upon noticing any changes in skin condition at

