



**Trial Kit Rental Agreement**

Requested Kit:     Surgical ___                          Restorative ___                          Lab ___		
Contact Information Name: Address:  Phone: E-mail:		Shipping Information (if different from Contact Information) Name: Address:  Phone: E-mail:
Requested Delivery Date:		
Appointment Date:		
Implant Name or Part #	Abutment Name or Part #	Additional Instrumentation Name or Part #

**Included Items:**  
Surgical and Restorative Kits will contain all instrumentation necessary to place and restore implants. Lab Kit for use with an Open/Closed tray procedures may also be requested and will be shipped to the shipping address indicated above. Additional instrumentation for multiple unit Open/Closed tray procedures may also be requested.

**Minimum Order Requirement:**  
Implants and/or abutments must be purchased to receive the Trial Kit. Minimum implant/abutment order requirement is \$67 (current cost of a 2.5 mm diameter implant).

**Shipment:**  
Shipment within the United States only. Shipping costs (including the insurance), shall be added to the total order amount and will be paid by the customer.

**Ordering Procedure:**  
Separate Rental Agreement is required to rent the Surgical, Restorative and Lab Kits. Quantity of Trial Kits is limited, reserve early.

**Acceptance of Orders:**  
Orders are accepted upon approval by KAT Implants' Customer Service by fax or e-mail only.

**Return Policy:**  
Surgical and Restorative Kits and instrumentation are to be sent to KAT Implants, LLC next day after the Appointment Date specified above by UPS or Fed Ex 2nd day service. Charge of \$200.00 (Surgical Kit) or \$50.00 (Restorative and Lab Kits) per day, up to the actual item cost, will be applied if the rented items are not received on the 3rd day after the Appointment Date.  
Lab Kits are to be sent 2 weeks after the Requested Delivery Date by UPS or Fed Ex 2nd day service.

All unopened sterile items may be returned within thirty (30) days from the date of initial invoice; items must be accompanied by an original invoice and a Return Authorization Form. Returns must receive prior approval from KAT Implants and are subject to a 15% restocking fee. No refund will be issued after 30 days. Damaged items will not be accepted. All exchanges are subject to approval by Customer Care. Please call us at 1-877-528-7978 to request a Return Authorization Form or for other inquiries.

Customer Service Contact Information  
KAT Implants, LLC 15 Rye Street, Ste. 115  
Portsmouth, New Hampshire 03801 USA  
877-528-7978 (Phone)  
603-427-0045 (Fax)  
info@katimplants.com

**Disclaimer of Liability**  
KAT Implants products should only be used with components manufactured or sold by KAT Implants. The use of surgical or prosthetic components not manufactured or distributed by KAT Implants will void all expressed or implied warranties and obligations.  
KAT Implants strongly recommends postgraduate education in implant dentistry prior to use of KAT Implants System. The clinician must be familiar with and adhere to the Surgical and Restorative Manual supplied with the KAT Implants products. KAT Implants' responsibilities and obligations arising from incidental or consequential damages resulting from use of KAT Implants products are limited to replacement or repair of the products under our warranties.

**Credit Card type**     MC \_\_\_ VISA \_\_\_ AmEX \_\_\_

**CC #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ **Security Code** \_\_\_\_\_

**Billing Address (if different from above)** \_\_\_\_\_

**Name (Print)** \_\_\_\_\_ **Date** \_\_\_\_\_ **Signature** \_\_\_\_\_