KATImplants™

FAX to 603-319-8668

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 Insrumentation 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 *must* be purchased to recieve the Trial Kit. Minimum order requirement is $70 (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 prior to shipment.

Ordering Procedure:
To reserve a Trial Kit, call 877-528-7978 and speak with a customer service representative to obtain approval. Reserve early as quanitities are limited. A separate Rental Agreement is required to rent the Surgical, Restorative and Lab Kits.

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 the next day after the appointment date specified above by UPS or Fed Ex 2nd day label included in the shipment. A nonrefundable charge of $200.00 (Surgical Kit) or $50.00 (Restorative and Lab Kits) per day, up to the actual item cost (Surgical kit:$2,500.00; Restorative kit: $397.00; Lab kit: $161.00) will be applied if the rented items are not received on the 3rd day* after the indicated Appointment Date. The Customer will be charged for any missing or damaged items upon receipt of return. The customer has one week from return delivery date to locate and return missing items. After one week, the missing items are no longer eligible for a refund. Damaged items are never eligible for a refund.
*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 Service. Please call us at 877-528-7978 to request a Return Authorization Form or for other inquires.

Customer Service Contact Information
KAT Implants, LLC 222 Internationald Dr, Ste.185
Portsmouth, New Hampshire 03801 USA
877-528-7978 (Phone)
603-319-8668 (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 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** _____

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