

# ADAPTIVATION INCORPORATED

## Two-Week Equipment Trial Program

Adaptivation is pleased to offer an equipment trial program for several of our devices. The purpose of this program is to allow our customers to evaluate the suitability of a given device to the customer's needs and requirements prior to potential purchase. It is not intended as a mechanism for borrowing equipment on a long-term basis. Units are available essentially on a first come, first served basis. Because there are a limited number of devices set aside for this program, we are not able to guarantee immediate shipment.

The form must be completed and returned to request a unit. It may be emailed, faxed or mailed to us at:

**Adaptivation, Inc.**  
**2305 W. 50th Street, Ste B**  
**Sioux Falls, SD 57105**

**Phone: 800-723-2783**  
**Fax: (605) 335-4446**  
**Website: <http://www.adaptivation.com>**

**Email: [info@adaptivation.com](mailto:info@adaptivation.com)**

We will ship the equipment as soon as it is available. Following are the guidelines for the equipment trial program:

- Trial equipment is to be shipped back to Adaptivation within 14 days after you have received the unit. We make an allowance for shipping time before we start expecting units back, but when it becomes obvious that a unit has not been sent back promptly, we must assess a late fee of \$25.00 per week.
- The borrower is responsible for shipping costs. The shipping charge for a trial unit is \$15.00. A credit card or PayPal payment is required before we can ship your order.
- Return shipping arrangements are entirely up to the discretion of the borrower; however, we do recommend UPS or another trackable method. Insurance is not required but is a good idea since the borrower is liable for the product until it is received by Adaptivation.
- You may select up to two devices from the list. If you would like more than 2 devices, you may make a separate request after returning any previously received trial equipment.
- In addition to trial devices, switches are now available for use with a communication aid. Quantities are limited to a total of two switches per request.

## **Devices & Switches: (select up to 2)**

\_\_\_\_\_ Lex (LEX)

\_\_\_\_\_ Medley (MED)

\_\_\_\_\_ Randomizer (RAND)

\_\_\_\_\_ Sequencer (SE-ME)

\_\_\_\_\_ Bright Box (BBX)

\_\_\_\_\_ Bright Box Tactile (BBXT)

\_\_\_\_\_ LinkSwitch (DLT-202)

\_\_\_\_\_ HoneyBee Proximity Switch (HBPS)

\_\_\_\_\_ Dipsy (DIP)

\_\_\_\_\_ Flexible Switch (FLX-SET)

\_\_\_\_\_ Pal Pad (PAL)

\_\_\_\_\_ Pneumatic Switch (PNSW)

\_\_\_\_\_ SixPack (SIXP)

\_\_\_\_\_ Taction Pad (TPAD)

\_\_\_\_\_ Taction Pad Adapter (TP-ADAPT)

\_\_\_\_\_ TableTapper (TTPR)

**Bill To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Payment:**

\_\_\_\_\_ **PayPal:** A payment request is sent to your email.

\_\_\_\_\_ your email address

\_\_\_\_\_ **Credit Card:** MasterCard and VISA only.

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_ / \_\_\_\_ CVV Code: \_\_\_\_\_

(3 digits on back right of card)

*name and address in "bill  
to" same as on credit card*

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Ship To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**I hereby request the two-week use of Adaptivation, Inc. equipment and agree to the guidelines established on this form.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_