



Turning Point
Therapy & Technology, Inc.

Phone: 830-608-9812
Fax: 830-608-0882

Keyboard and Keyguard Loaner Agreement

Item Loaned: _____

Date to be Returned: _____

Sales Price: _____

Ship to: _____

Phone:

Fax:

Agreement: I agree to return the keyboard and keyguard listed above by the specified date. I will return the product in good condition. I understand the cost of the loaner program for the product is \$30.00. I will send payment or authorize the charge to the credit card below on the date the product is to be returned. I will return the product via certified mail or UPS. I understand failure to return the product by the specified date will result in my being responsible for the full sales price plus shipping and handling charges. The loaner cost may be applied toward the purchase of a new keyboard or keyguard within 30 days after return of the product.

The return shipping address is:
Turning Point Therapy and Technology, Inc.
889 Landa St.
New Braunfels, TX 78130

Signature _____ Date: _____

Credit Card # _____ Type: _____

Expiration Date: _____