



# AMBULO2400 ORDER FORM

**TO ORDER:** Fill out both pages of this form and fax to toll-free fax at 1-800.985.8422 or direct fax at 1-503-222-3324

Contact Information	
Organization	_____
Contact Name	_____
Address	_____
City/State/Zip	_____
Phone	_____ Fax: _____
E-Mail	_____
Product Information	
<input type="checkbox"/> Purchase	Quantity: _____ x \$1995
<input type="checkbox"/> Lease	Quantity: _____ x \$195 / month x 12 mos.
<input type="checkbox"/> Rental	Quantity: _____ x \$250 / (3-month min. payment of \$750 due)
	<b>Sub-Total</b> _____
Extended Warranty, Accidental Damage Protection and Accessories	
<input type="checkbox"/> 2 <sup>nd</sup> Year Warranty	Quantity: _____ x \$195 Extends manufacturer's warranty through 2 <sup>nd</sup> year
<input type="checkbox"/> 1 <sup>st</sup> Year Damage Insurance	Quantity: _____ x \$150 Accidental Damage Protection with Express Exchange
<input type="checkbox"/> Premium Service Package	Quantity: _____ x \$395 Includes: 2 <sup>nd</sup> year Extended Warranty
<input type="checkbox"/> Battery Charger	Quantity: _____ x \$35
Shipping & Handling	
Shipping Address	_____
	(if different from above)
<input type="checkbox"/> Shipping Charge	Quantity: _____ x \$35 (additional charge for HI, AK & Intl.)
	<b>Total</b> _____

Phone/Fax: 1-800-985-TIBA (8422)  
 Direct: 1-503-222-1500  
 E-Mail: [info@tibamedical.com](mailto:info@tibamedical.com)

**Please see page 2 for payment information and Terms & Conditions (signature required)**



# AMBULO2400 ORDER FORM

## Tiba Medical Ambulo2400 ABPM System Purchase Terms & Conditions

**PAYMENT:** Full payment is due within 30 days of receipt of system and may be made by credit card, wire transfer, cash or check. Checks may be sent to: Tiba Medical Accounts Receivable, 2701 NW Vaughn St., #470, Portland, OR 97210. International orders require pre-payment.

**LATE FEES:** Standard payment terms are Net 30. There is a 1.5% monthly finance charge for the outstanding balances 30 days overdue. Outstanding balances 85 days overdue or more will also be assessed a 5% late fee.

**LEASES:** A separate agreement, including additional Terms and Conditions, must be signed for all Leases.

**EVALUATION/TRIAL OFFERS:** A separate agreement, including certain Terms and Conditions that may supersede Terms and Conditions listed here, must be signed for all Evaluations and/or Trial Offers.

**RETURN POLICY:** ABPM systems may be returned to Tiba Medical within thirty (30) calendar days of delivery for a full refund less a \$100 restocking fee. Systems returned within sixty (60) calendar days after delivery will be refunded less a 25% restocking fee. No refunds will be made after these timelines. Returns are only accepted with express advance authorization obtained by contacting the Tiba Medical Customer Service Department and having a Return Material Authorization (RMA) number issued. Returns shipped without an RMA may be rejected. Customer is responsible for the freight charges of return shipment; return shipments must be made via FedEx, DHL, UPS or a comparable carrier and tracking number for item(s) will be provided to Tiba Medical; system must be received within the time frames stipulated for refund. Tiba Medical will not refund any item that is not in its original condition, is damaged, or has missing parts, including any special promotional items.

**WARRANTIES:** TIBA MEDICAL MAKES NO EXPRESS OR IMPLIED WARRANTY WHATSOEVER OF MERCHANTABILITY, FITNESS FOR ANY PURPOSE OR OTHERWISE REGARDING THE SYSTEM OR ANY UNIT THEREOF except the current manufacturer's limited warranty in effect at the time of delivery of the system.

**SUPPORT & SERVICE:** Tiba Medical will provide Customer with support and service for the system. Such support and service is to include responses to technical inquiries received via telephone, facsimile or electronic mail on the use, operation and maintenance of the system. Warranty repair and replacement service for the system in case of malfunction will be made at Tiba Medical's sole discretion. This warranty does not extend to any damage or failure which results from unauthorized or improper repairs or any modification (in each case performed by anyone other than Tiba Medical or an authorized representative); misuse or abuse; improper installation or adjustment (which fails to conform to the provided instructions); or use in an improper environment. Customer shall use the system in full conformity with the instruction and operating procedures as specified by the manufacturer of the system.

**BILLING & COMPLIANCE WITH LAWS:** Customer is solely responsible for insurance coverage and billing of Medicare, Medicaid, and private insurance companies including managed health organizations. Tiba Medical does not provide definitive guidance or advice with regard to insurance billing and issues related to reimbursement or documentation. Any advice provided in this regard should be independently verified and validated prior to implementation. Customer assumes all liability associated with any issues of improper billing or documentation as required by the law and further agrees to abide by all customary and acceptable laws, including laws and regulations associated with billing of Medicare, Medicaid and private insurance companies (including managed care organizations), and to hold Tiba Medical free and clear from any liability with regard to any failure in abiding with such laws and regulations.

**INDEMNIFICATION & LIABILITY:** Customer indemnifies and holds Tiba Medical harmless from and against any and all expense, liability or loss whatsoever, including, but not limited to, reasonable attorney fees and expenses, relating to or in any way arising out of the use, operation or misuse of the system (including, without limitation, expense, liability or loss relating to or in any way arising out of injury to persons or property, or strict liability in tort).

**Payment Information** **Total (From Page 2):** \_\_\_\_\_

- Check/Cash      My Check Number: \_\_\_\_\_
- Bill Me            My Invoice Reference Number: \_\_\_\_\_
- Credit Card       #: \_\_\_\_\_ Exp: \_\_\_\_\_

CVV2: \_\_\_\_\_ (3-digit code on back of card; for AmEx, the 4-digit code on front)

Billing Address: \_\_\_\_\_

### Order Acknowledgement

I acknowledge that I have read and understood the Terms and Conditions above and, if applicable, hereby authorize Tiba Medical, Inc. to withdraw the charges related to the above order from my account.

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