

PodScan Digital Laser Scanner Order Request

Option 1

I (name) _____

Of (address) _____

_____ Post Code _____

Agree to take delivery of (number of scanners) _____. I understand that the scanner remains the property of Podscan 1/28 Concord Crescent Carrum Downs Vic 3210 and agree to use the scanner for a minimum of 24 months. I agree to provide a minimum of 25 pairs of Orthoses for manufacture a month (averaged over a 3 month period). I agree to pay a once only, up front fee of \$2,300. This fee includes training at the PodScan Laboratory in Melbourne, the laser housing case, a lap top computer (yours to keep) and 3 pairs of customized Orthoses. I agree to pay this fee via direct bank deposit or via credit card.

I understand that the scanner can take up to 6 weeks to supply (if not in stock) but I am able to take advantage of the PodScan fixed price orthotic system by providing plaster casts or foam impressions to the lab during this time.

I agree to work with PodScan to develop my specific practitioner standard and will communicate with them via phone or email. I give permission for PodScan to phone or email me to deal with specific business, technical, or delivery issues as the need arises.

Clinic Name _____

Contact people and positions _____

Clinic Phone number _____ Fax _____

Email _____ Mobile _____

2nd person contact (mobile) _____ Name _____

Signed _____ Print name _____

Witness _____ Print Name _____

PodScan Orthotic Laboratory

1/28 Concord Crescent Carrum Downs Vic 3210 Ph: 03 9770 8558 Fax 03 9770 8559

PodScan Digital Laser Scanner Order Request

Option 2

I (name) _____

Of (address) _____

_____ Post Code _____

Agree to take delivery of (number of scanners) _____. I understand that I will own the scanner outright and are responsible for the maintenance and any upgrades of the machine. (scanner has 12 month warranty). I understand that there are no minimum orthotic numbers required. The scanner fee cost is \$3,800 plus the \$2300 training levy. This fee includes training at the PodScan Laboratory in Melbourne, the laser housing case, a lap top computer (yours to keep) and 3 pairs of customized Orthoses. I agree to pay this fee via direct bank deposit or via credit card.

I understand that the scanner can take up to 6 weeks to supply (if not in stock) but I am able to take advantage of the PodScan fixed price orthotic system by providing plaster casts or foam impressions to the lab during this time.

I agree to work with PodScan to develop my specific practitioner standard and will communicate with them via phone or email. I give permission for PodScan to phone or email me to deal with specific business, technical, or delivery issues as the need arises.

Clinic Name _____

Contact people and positions _____

Clinic Phone number _____ Fax _____

Email _____ Mobile _____

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Signed _____ Print name _____

Witness _____ Print Name _____

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