



**The Professional Address for Dentists  
2047 Desford Drive, Beverly Hills, CA 90210**

**Please complete the form with your keyboard and mouse, and then sign it and fax it to 310.246.1228**

Re: Salli demo chair with option to purchase agreement

By signing this agreement below, I agree to pay a \$40 shipping fee per chair for a Salli Chair in order to demo the chair for up to a 7 day period, which starts the day I receive the shipment. I understand I have the option to purchase the demo chair. If I decide not to purchase the chair, I will ship the demo chair and the included tool kit in the Salli box that the chair was received in at my expense to Digital Dental Strategies, Inc. at the address above. If the chair is not shipped back to Digital Dental Strategies, Inc. after the 7 day demo period has expired, I authorize Digital Dental Strategies, Inc. to charge my credit card for the purchase price of the chair. I can exercise my option to purchase the chair at any time within the 7 day demo period. If I purchase the demo chair, I agree to return the Salli tool kit in the Salli box, which is not included in the sale of the demo chair, to Digital Dental Strategies, Inc. at Digital Dental Strategies, Inc. expense. If I purchase a new chair, Digital Dental Strategies, Inc. will pay the return shipping fees of the demo chair at its expense.

I agree to the terms of this agreement on behalf of my business or as an individual.

On behalf of the client (authorized signature):

\_\_\_\_\_ Date \_\_\_\_\_

Printed name: \_\_\_\_\_

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

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

Name on credit card: \_\_\_\_\_

Credit card billing address: \_\_\_\_\_

Credit card City, State, Zip: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Credit card expiration date: \_\_\_\_\_

3 or 4 digit security code: \_\_\_\_\_

How tall are you? \_\_\_\_\_

I would like to demo:  Salli Multi  Salli Twin  Salli Classic