



Relaxis Order Form: A/C Unit

Order from: Sensory NeuroStimulation, Inc.
 Customer: Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____

30-Day Risk-Free Trial Agreement:

1. Customer must fill out and submit this Agreement to Sensory NeuroStimulation, Inc.
2. Sensory NeuroStimulation will ship 1 Relaxis A/C Unit to the address listed above.
3. Sensory NeuroStimulation will charge Customer's credit card according to the payment option selected below upon device shipment.
4. If Customer returns the Relaxis device during, or at the end of, the 30-day trial, Sensory NeuroStimulation will credit the Customer the actual charges less \$35 (shipping and handling).

Payment (select one):

Payment Plan: \$299 down plus \$35 (shipping and handling) w/ 4 monthly payments of \$100
 Total of \$734 (+ tax where applicable)

Payment Plan Agreement:

1. This Agreement is between Sensory NeuroStimulation and Customer for 1 Relaxis A/C Unit for a period of 5 months or upon termination of this Agreement by Customer returning the Relaxis device in good condition, whichever occurs first.
2. An initial payment of \$299 plus \$35 (shipping and handling) will be charged to Customer's credit card. Total initial charge is \$334.
3. Payments on this Agreement by Customer to Sensory NeuroStimulation shall be made through 4 equal monthly credit card charges of \$100.
4. During the term of this Agreement, the Relaxis device covered herein remains the property of Sensory NeuroStimulation with assurances of Sensory NeuroStimulation's right to recover with or without process of law. Upon receipt of the final payment, the Relaxis device will become the property of the Customer. In the event of default of monthly payments through denial of credit card payment or other breach, Customer must return the Relaxis device to Sensory NeuroStimulation without delay. Sensory NeuroStimulation may retain all monies paid as liquidated damages and rental. Damage to the Relaxis device outside of regular wear and tear becomes an extra charge to Customer. In the event of litigation, attorney's fees shall be added hereto.
5. Customer acknowledges that the Relaxis device is for the Customer's sole benefit, and in the event of loss, damage, theft, or destruction, Customer must pay Sensory NeuroStimulation the full amount due as detailed in paragraphs 2 and 3 above. Customer agrees to exercise normal care in the handling and operation of the Relaxis device as described in the operation manual. The warranty period for the Relaxis device is 3 years from the date of initial purchase.
6. Billing will be done monthly by Sensory NeuroStimulation to Customer's credit card.

Pay in Full: \$699 (shipping and handling included) FSA / HSA Account
 Total of \$699 (+ tax where applicable)

Method of Payment (select one): Personal Check Visa MasterCard American Express Discover

Card No.: _____ Expiration Date: _____ CVV: _____

This Agreement is entered into between Sensory NeuroStimulation and the Customer as of the date written below.
 I agree that I am personally liable for the credit card charges set forth above.

Customer's Signature: _____ Date: _____

Send this Agreement to:

Sensory NeuroStimulation, Inc.
 Attn: Relaxis Customer Service
 1235 Puerta del Sol, Suite 600
 San Clemente, CA 92673
 E-Mail: customerservice@myrelaxis.com
 Fax: 1-949-492-0650

Contact Relaxis Customer Service with any questions at 1-888-475-7435.