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| Cold Cap Agreement For Use | Placeholder Logo |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. | Name: |  |  |  |  |  |
|  |  | First Name |  | Middle Name |  | Last Name |
| 2. | Date of Birth: |  |  |  |  |  |  |
|  |  | MM |  | DD |  | YY |  |  |  |  |  |
| 3. | Initial Below: |
|  | I DO Agree |  |  |
|  |  | Initial |  |
|  | I DO NOT Agree |  |  |
|  |  | Initial |  |
| That I will return the full set of 6 cold caps in original condition, 1 cooler, 1 electric blanket and thermometer within 48 hours of my scheduled chemotherapy treatment. I will adhere to all guidelines provided as well as those given at [www.polarcoldcaps.com](http://www.polarcoldcaps.com). **I am aware that if I do not return the above items in original condition, my credit card will be charged in the amount of $1300.**  |
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|  |  |  |  |  |
|  | Credit Card Information |  |  |
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|  |  |
| --- | --- |
| Card Number:  |  |

 |  | Expiration Date & 3 digit security:  |  |
|  |
|  |  |  |  |  |
| Signature |  |  | Date of Signature |  |  |  |  |  |
|  |  |  |  | MM |  | DD |  | YY |