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| Cold Cap Agreement For Use | Placeholder Logo |

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| 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 | | | | | | |  | | | | |  | | | | | | | | | | | |
|  | | |  |  | | --- | --- | | Card Number: |  | | | | | | | |  | | | | | Expiration Date & 3 digit security: | | |  | | | | | | | | |
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| Signature | | | |  | | | | | |  | Date of Signature | | | | | | |  | | |  |  | |  |  |
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