



1372 River Spey Ave.
 Henderson, NV 89012
 (347) 742-4100 FAX 718-228-7797
www.medtrakvng.com or www.scottpt.com
 contact: scottpt3@aol.com

Order Date _____ Order # _____
 ___/___/___

MedTrak VNG Extended Warranty

Name of Facility: _____ Contact: _____

Address of Facility: _____ # of VNG systems: _____

City/State/Zip: _____ Phone #: (____) _____ - _____ Email: _____

Order #	Terms	Rep.	Current Extended Warranty	Automatic-Renewal Date
_____	Credit Card	SA	___/___/___ through ___/___/___	___/___/___

Qty	Item code	Description	Cost
1	Extended Warranty A	Client owns 1 or 2 VNG units One year extended warranty	\$ 900.00
	Tax		0.00

Coverage for VNG #1 and #2 under Extended Warranty A Total due \$ 900.00

Qty	Item code	Description	Cost
1	Extended Warranty B	Client owns 3 or more VNG units One year extended warranty	\$ 1,800.00
	Tax		0.00

Coverage for all VNG's owned under Extended Warranty B Total due \$ 1,800.00

Credit card payment (check one):

___ Please charge my credit card \$900 for Extended Warranty A. *

___ Please charge my credit card \$1,800 for Extended Warranty B *

*Choosing either full payment option above entitles the buyer to 14 months of coverage on their initial purchase.

Bill to: Credit Card Type _____ Credit Card # _____
 Expiration Date _____ Security Code _____

Name on this credit card _____

Address for this Card _____

Card Holders Signature

Sign & Fax this authorization to **718-228-7797**
 or sign and email to scottpt3@aol.com

Please provide the VNG system serial numbers for each unit to be covered under your extended warranty:

VNG	Goggle Assembly	Interface Control box	VORT-AHR Receiver	Footswitch Assembly	Power Supply
#01	_____	_____	_____	_____	_____
#02	_____	_____	_____	_____	_____
#03	_____	_____	_____	_____	_____
#04	_____	_____	_____	_____	_____
#05	_____	_____	_____	_____	_____
#06	_____	_____	_____	_____	_____
#07	_____	_____	_____	_____	_____
#08	_____	_____	_____	_____	_____
#09	_____	_____	_____	_____	_____
#10	_____	_____	_____	_____	_____
#11	_____	_____	_____	_____	_____
#12	_____	_____	_____	_____	_____
#13	_____	_____	_____	_____	_____
#14	_____	_____	_____	_____	_____