



**TRANSCEND
MEDICAL**

Going Beyond The Limits

133 Woods Cove Road
Scottsboro, AL 35768
800-403-3740 toll free
256-259-3123 local
256-259-1498 Fax

2001 Henry Street
Guntersville, AL 35976
800-403-3740 toll free
256-582-1982 Local
256-571-9158 Fax

Transcend Medical is happy to offer Layaway to accommodate purchases for Home Medical Equipment. For your ordering convenience we offer a 30, 60, and 90-day layaway plans. For a 30-day layaway plan, we require a 30% down and the balance within 30 days. For a 60-day layaway, we require 30% down and a subsequent payment of 30% after 30 days. The balance is then due at the end of 60 days. Payments must be made regularly, as scheduled, and must be received by us, on or before the day they are due. Once payment has been made in full, your layaway item will be available for pick up.

Layaway payments are non-refundable and no credit/refund will be issued upon failure to complete payments. If the layaway is canceled within the first 30 days, we retain the initial 30% deposit. If the layaway is canceled after 30 days, we retain 100%. Credits resulting from a canceled layaway may not be used for a new layaway deposit. For each layaway, a new deposit is required. The layaway period starts from the date that we receive this signed form with your 30% deposit. Please fill out this form and return with your down payment to start the layaway process.

We process your layaway payments via credit/debit card, bank ach direct transfer or cash.

By signing this form below, you are entering a legal, binding contract and you are agreeing to our Layaway Contract terms as listed above.

Customer Signature: _____

Date: _____

Customer Name: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Day phone: _____ Cell phone: _____

Item(s): _____

Payment method (check one): Credit/Debit Card: ACH/Bank Draft: Cash:

Purchase Price: _____

Shipping/Handling: _____

Tax: _____

Total Due: _____

Preferred Payment Schedule (Check One): 30-Day 60-Day 90-Day

30-Day Layaway: Deposit: _____ Final Payment _____ Due Date _____

60-Day Layaway: Deposit: _____ 2nd Payment _____ Due Date _____

Final Payment _____ Due Date _____

90-Day Layaway: Deposit: _____ 2nd Payment _____ Due Date _____

3rd Payment _____ Due Date _____

Final Payment _____ Due Date _____