

South West Orthopedic Designs

36602 N. 16th St.
Phoenix, AZ 85086
480-703-9433
SWODAF0@YAH00.COM
www.pttd.com

Accounts / Credit Policy 2013-14

Dear South West Orthopedic Designs Customer:

The following is our current Accounts/Credit Policy. Please read, fill out and sign below. If you have any questions or concerns, feel free to contact our Accounts Department at (480) 703-9433.

South West Orthopedic Designs currently offers Free Shipping (GROUND) to all customers **if** their accounts are paid in full within the 45 days after delivery of product. Accounts not paid in full after 45 days will be responsible for the GROUND shipping charges on invoice. All other shipping methods (3D, 2nd day) are charged as noted on your invoice.

Any account not paid in full after 60 days of delivery of product will be charged a rate of one and one-half percent (1.5%) per month or eighteen percent (18%) per annum. Any account not paid in full after 90 days of delivery may be turned over to collections. If failure to pay according to the terms of the agreement causes this account to be assigned or referred to an attorney for collection, buyer agrees to pay seller's reasonable collection and/or attorney's fees and all court costs.

South West Orthopedic Designs understands that there may be special circumstances related to your account and is willing to work with you. Please call if a situation arises that impedes your ability to provide full payment within the policy guidelines above. We value your business and will make every reasonable effort to come to a resolution suitable to the both of us.

South West AFOs are backed by a one year warranty on materials and workmanship. Because this product is a custom-made, non-resalable item, any misapplication or improper wear voids said warranty. Any AFO incorrectly fabricated due to a work order inaccurately or incompletely filled out, or substandard casting (*severe corrections, incomplete cast*), will not be accepted as a return. Please contact our office immediately in these matters and double check all work orders before shipping an order. Please see casting information at www.pttd.com and/or the reverse side of the workorder.

Fax to (480-304-4807), or mail to the address above, or email to SWODAF0@yahoo.com. PLEASE PRINT CLEARLY.

By signing below, I consent to the Accounts/Credit terms described above.

Company Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Fax: _____

Owner/Manager (*please print*): _____ Signature: _____

Email (*please print clearly*): _____

South West Orthopedic Designs thanks you for your business and looks forward to providing you the best possible products with the best possible customer service.

Sincerely,

Russell L. Eral
Owner
CPED, MAE

