

LumiCeuticals Trial Program Agreement:

Thank you for participating in our Trial Program. By participating in this program, you enter into a rental agreement with LumiCeuticals and we ask that you review and sign the following:

This rental agreement is made and entered into this _____ day of _____, 20____, by and between LumiCeuticals and _____ ("Renter").

The trial equipment consists of 1 controller and 3 or 4 light pads ("Equipment"). This Equipment is being rented in new condition and free from any known fault or defects, which would affect its safe operation under reasonable and normal use. The Renter shall use the equipment in a careful and proper manner **including no exposure to cigarette smoke** and shall comply with manufacturer's guidelines as presented in the equipment manual regarding safe and proper use and maintenance. Neither LumiCeuticals nor its distributors makes any claim or promises as to the effectiveness of this equipment. For the diagnosis and treatment of any disease, please consult a licensed physician.

Timeline and Payment: The Trial Period shall be (2) weeks and (1) day, beginning the day after the renter receives the equipment (the "Trial Period"). The Trial Period can be extended only upon authorization by LumiCeuticals. The trial rate shall be \$250 for two weeks using a Flex3 System, \$300 for two weeks using a Grow6 System and \$350 for two weeks using a Pro6 System, paid to LumiCeuticals prior to shipment. The Renter shall provide a valid credit card to secure the rental prior to shipment. Additional pads maybe added by request for an additional cost of \$100. The Renter shall provide a valid credit card to secure the rental prior to shipment. A Trial Period may be extended for as many as 2 additional weeks at the cost of \$100 per week upon agreement by LumiCeuticals.

To get the most value for their trial, the Renter is encouraged to read the 14 day email tutorials and participate in at least one light coach consultation during the 2 week trial period.

If the Renter has not chosen to purchase the system during by the end of their Trial Period, the Renter is required to return ship the equipment in good condition and working order in the same manner and packaging in which it was delivered to them the next business day after the Trial Period ends. Renter acknowledges they are solely responsible for all return shipping costs and will provide a tracking number for the shipment.

Renter will be held liable for up to the full cost of any Equipment damaged or destroyed, or for failing to return the Equipment. Renter hereby agrees to fully indemnify LumiCeuticals, Health Dynamics and Joffs Enterprises, LLC from any and all loss of, or damage to, the Equipment during the Term of this Agreement, whether caused by fire, flood, vandalism, theft, or any other cause, except that which shall be determined to be caused by the fault or defect of the Equipment. Renter may be charged and agrees to pay a late fee of \$50 per day for each day the Equipment is late without prior agreement.

Should the Renter choose to purchase the Equipment within the first 14 days of their trial, the full amount of their trial cost can apply to purchase. Should the Renter decide to purchase a system after completing the trial, they have 10 business days following the the Trial Period when LumiCeuticals agrees to apply \$200 of a \$250 trial, \$250 of a \$300 trial and \$300 of a \$350 trial payment to the purchase. Trial extensions may apply to purchase at the rate of \$75 per each additional week.

Signature of Renter:

_____ Date: _____

For Office Use:

Equipment Rented: _____ Serial Number: _____

Date Received by Renter: _____ Date Returned : _____



Two Week Trial Order Form

NAME _____

SHIPPING ADDRESS _____

CITY _____ ST _____ ZIP _____

PH (C) _____ (H) _____

EMAIL _____

DATES OF RENTAL _____ TO _____

REFERRED BY _____

CASH AMOUNT _____ DATE PAID _____

CHECK # _____ (PAYABLE TO: LUMICEUTICALS)

CREDIT CARD CC TYPE _____ AMOUNT _____

EXP. DATE _____ CVS CODE _____

NUMBER _____

BILLING ADDRESS (IF DIFFERENT FROM ABOVE)

SIGNATURE _____ DATE: _____

NOTES _____
