



Luxar / Aesculight / LightScalpel Service Plans

Luxarcare LLC, 11818 North Creek Pkwy N, Ste. 100, Bothell, WA 98011
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Eligibility* - Please call for Free of charge over-the-phone laser eligibility evaluation only by Luxarcare factory representative.

| | | |
|------------------------------|---------------|-------------|
| Customer Information: | Phone: | Fax: |
|------------------------------|---------------|-------------|

| Laser Information: | Model*: | Serial Number*: | Manufactured*: |
|--------------------------|---|-----------------|--|
| <input type="checkbox"/> | VS / AE / LS Standard Plan (Parts, Labor) | | Please circle selected plan |
| | PRE-PAID PLAN COST*: 1Yr - \$1,550 ; 2Yr - \$2,300; 3Yr - \$3,000 | | (for Luxarcare use only) |
| <input type="checkbox"/> | VS / AE / LS Loaner Plan (Parts, Labor, Loaner) | | Plan effective: _____ to _____ |
| | PRE-PAID PLAN COST*: 1Yr - \$1,999 ; 2Yr - \$3,399; 3Yr - \$4,699 . | | |
| <input type="checkbox"/> | VS / AE / LS Premium Plan (Parts, Labor, Loaner, Shipping) US Price - 1Yr - \$2,999, Canada Price - 1 Yr \$3,999USD | | |
| <input type="checkbox"/> | 11-15 yrs old LX Standard Plan (Parts, Labor) | | Please circle selected plan |
| | PRE-PAID PLAN COST*: 1Yr - \$2,300 . | | (for Luxarcare use only) |
| <input type="checkbox"/> | 11-15 yrs old LX Loaner Plan (Parts, Labor, Loaner) | | Plan effective: _____ to _____ |
| | PRE-PAID PLAN COST*: 1Yr - \$3,000 . | | |
| <input type="checkbox"/> | 11-15 yrs old LX Premium Plan (Parts, Labor, Loaner, Shipping) US Price- 1Yr - \$4,500, Canada Price- 1 Yr \$6,000USD | | |
| <input type="checkbox"/> | 16+ yrs old LX Standard Plan (Parts, Labor) | | Please circle selected plan |
| | PRE-PAID PLAN COST*: 1Yr - \$3,000 . | | (for Luxarcare use only) |
| <input type="checkbox"/> | 16+ yrs old LX Loaner Plan (Parts, Labor, Loaner) | | Plan effective: _____ to _____ |
| | PRE-PAID PLAN COST*: 1Yr - \$4,000 . | | |
| <input type="checkbox"/> | 16+ yrs old LX Premium Plan (Parts, Labor, Loaner, Shipping) US Price - 1Yr - \$6,000, Canada Price - 1 Yr \$8,000USD | | |

Coverage: Shipping (Premium Plan only), Loaner Use, (Loaner and Premium Plans Only), Labor and Parts, as needed, including: 1) Laser tube including laser mirrors, laser gas, gaskets; 2) Laser power monitor including detector and controller; 3) Electronics including wiring, power supply, RF drivers, shutter, interlocks, controllers and display; 4) Optical train including folding mirrors, collimating optics, mast. All repairs will be performed at Luxarcare facilities. Average repair time at Luxarcare facility is **5 business days**.

Not Covered: 1) Accessories, 2) Accidental damage, physical damage (e.g. damaged mast), fire, abuse, misuse, or negligent acts or Acts of God including snow, flood or ice, etc. 3) Ordinary wear and tear, 4) Modification or repair not authorized by Luxarcare, 5) Failure to properly operate the laser; 6) Shipping cost – except for Premium Pan; 7) Shipping damage; 8) Shipping delays not due to Luxarcare.

Shipping: Except for Premium Plan, shipping cost and shipping insurance is customer's responsibility; shipping arrangements are available through Luxarcare's Customer Service; shipping containers are available for purchase. Under Premium Plan only, shipping cost and shipping insurance are provided by Luxarcare. Loaner ships only 2nd day service to customer, with the option to upgrade to faster service at customers expense. Luxarcare is not responsible for shipping companies' failure to deliver on time.

Loaner Use*: Loaner is available free of charge only if original laser needs repair as determined by Luxarcare through over-the-phone laser evaluation. Loaner ships the same day if requested before 12pm PST. Customer is responsible for 1) verification of loaner laser operation within 1 business day upon receiving it; and 2) returning customer's laser to Luxarcare within 1 business day of receiving the loaner; and 3) returning the loaner within 1 business day upon receiving repaired customer's laser. Loaner Late Return Fee is \$99.00 per day if not shipped back to Luxarcare within two (2) business days upon receipt of repaired laser.

*Luxarcare continuously improves its products and services. Coverage, prices and terms are subject to change without notice. Sales taxes are added if applicable. Lasers in need of repair do not qualify for Luxarcare service plans; such lasers need to be repaired. Luxarcare reserves the right to refuse service based on laser evaluation – extra charges apply toward repairs of physically damaged lasers in need of re-build.

CUSTOMER ACCEPTANCE: Service coverage begins on the day Luxarcare receives payment in full. Failure to provide funds terminates coverage; premium fee is not refundable. This contract is transferable; this contract cannot be canceled at anytime. Undersigned agrees that neither party to this service contract shall be liable for the other's lost profits, or special, incidental or consequential damages, bodily injury or property damage arising or allegedly arising out of defect in design, manufacturer, materials or workmanship and/or whether in an action in contract or tort, even if the party has been advised by the other party of the possibility of such damages. Undersigned agrees to reimburse Luxarcare for loaner repair (parts and labor) if such loaner is returned by undersigned to Luxarcare in damaged condition (determined by Luxarcare on loaner's Receiving Evaluation Form). If loaner laser is not shipped back to Luxarcare within 15 business days upon receipt of repaired laser, undersigned agrees to reimburse Luxarcare for loaner replacement cost of \$15,000 (with Late Return Fee waived). Luxarcare's total liability to the customer under this service contract for damages, costs and expenses, shall not exceed the amount of the service contract premium. Undersigned agrees to Luxarcare standard contract provisions as stated in Luxarcare Warranty Provisions & Luxarcare Terms & Conditions of Sales at www.luxarcare.com

Laser Owner: _____

| | | |
|------|-----------|------|
| Name | Signature | Date |
|------|-----------|------|

Payment Information: **Check** payable to LuxarCare or **Credit Card:** VISA MasterCard American Express

Credit Card Number: _____ Expiration Date: _____ Signature: _____

Name on Card: _____ Credit Card Billing Address: _____