



Silver Service Contract

UBS Aesthetics agrees to provide extended service for the following PowerPeel® Microdermabrasion System:

Serial Number: _____

Facility Name: _____

Address: _____

Phone Number: _____

The terms and conditions for the service to be rendered under this Service Contract are as follows:

- A. The cost to the customer for this Service Contract shall be \$950 (+6% PA Sales Tax) payable in full at the time the customer accepts the Service Contract. Such acceptance shall result from the customer signing and returning to UBS Aesthetics the signed original Service Contract along with full payment for the amount referenced above via check or credit card.
- B. Upon receipt of one signed original Service Contract and payment in the amount shown above, UBS Aesthetics agrees to provide service to repair the PowerPeel® system described by the Serial Number listed above.
- C. The effective period covered by this Service Contract is _____ through _____ (One-Year Term).
- D. The Silver Service contract includes:
 - All labor and parts (excluding tubing, filters and hand-piece fittings).
 - One preventative maintenance check per contract period (such preventative maintenance may be scheduled and/or performed concurrently with emergency service).
 - Unlimited telephone technical support.
 - A **5% discount** on all PowerPeel® tips and crystals purchased during the contract term.
- E. All shipping charges and a \$22 handling fee will be invoiced separately.
- F. This Service Contract shall not cover service or parts required to resolve equipment problems resulting from unauthorized repairs, negligence or abuse on the part of customer personnel or other individuals who gain access to the equipment.
- G. UBS Aesthetics reserves the right to refuse acceptance of the contract for machines which have not been serviced by a UBS Aesthetics Service Technician within the six months prior to contract start date. Such machines will be subject to a pre-contract performance verification.

UBS Aesthetics

Approved: _____
Print Name

Approved: _____
Jim Weeks, President

Signature: _____

Date: _____

Date: _____

Credit Card: (circle one)	VISA	MASTERCARD	AMERICAN EXPRESS
Credit Card #:	_____		Exp. Date: _____
Signature: _____	Name on Card: _____		
Billing Address: _____			