

Equipment Purchase Agreement

This legal document has been created
with the purpose of ensuring all
parties are aware of their
responsibilities and legal obligations.

If you do not understand or are
unsure of the contents incased here,
do not sign. Please contact us and we
will do our best to clarify.



215 Mountainlands Drive
Orem, UT 84058
Phone: (801) 837-1340
Email: info@innergydev.com

Terms and Conditions

In this agreement, the **Vendor** is identified as Innergy Development, LLC, located at 215 Mountainlands Drive Orem, Utah 84058. The **Consumer** identifies themselves as (name) _____, located at (address) _____.

The **Equipment** is indicated by the **Consumer** within this this agreement.

The **Consumer** agrees to the following:

The **Consumer** shall purchase from the **Vendor** the following **Equipment**:

Acoustic Aqua Bed	Acoustic Light Wave	Hyperbaric Cube	Inner-Luminator
\$	\$	\$	\$
LED Light Bed	Pressotherapy Bed	SibinX 9000 Detox	Theta Chamber
\$	\$	\$	\$

The **Consumer** shall pay the full price of \$ _____ upon approval and confirmation for the indicated **Equipment**.

Warranty is offered from the **Vendor** and it is the **Consumer's** responsibility to inquire, upon application approval. The **Vendor** will uphold the terms in the warranty agreement should the **Consumer** proceed to inquire and agree to the specified terms (see Warranty Agreement).

All fees, delivery, and set up expenses associated with Equipment reallocation shall be paid by the **Consumer** directly to the service provider.

The **Consumer** is responsible for all the maintenance, care and insurance for the Equipment, if desired. The **Vendor** does not provide insurance.

The **Vendor** is not responsible for any damages caused by the Equipment due to misuse or negligence from the **Consumer**.

Should the transaction for the amount of \$ _____ fail, this agreement will become null and void. If the **Consumer** would like to re-apply, they may fill out another application.

Once the transaction is complete and the Equipment is delivered, the Equipment can no longer be returned.

Consumer: _____

Date: _____

Vendor: _____

Date: _____

Initials: _____

Billing Authorization Form

Note: Please enter information for only one form of payment, not both.

The **Vendor** will bill the amount of \$ _____ to the **Consumer's** credit/debit card or bank account upon approval and confirmation. The total charges will appear on the specified bank's monthly statement.

Please note: You will not receive a statement from us unless we have an issue with your card.

Consumer Name:

Consumer Address:

Payment Information:

Card Information

Credit Card type:	
Card Number:	
Exp. Date:	
CVC 3 Digit Security Number:	(Amex 4 Digit number on front)
Billing address:	Zip code:
Cardholders' Name Printed:	

Wiring Information:

Chase Bank
1555 North Gate Mile, Ste. A
Idaho Falls, ID 83401

INNERgy Development, LLC.
215 Mountainlands Drive
Orem, UT 84058

Bank Account Number: 911 129 278
Routing Number: 123 271 978

I hereby authorize the **Vendor** to initiate a one-time deduction from this account for my purchase of **Equipment**. I understand any payment returned to the **Vendor** will result in the postponement of the purchase.

Consumer Signature: _____

Date: _____

Initials: _____