

# Vision Device Trade in Form

Please fill out this form when trading in your old vision equipment to receive credit towards the purchase of a new vision unit. Be sure to include your PO, Make, Model and serial number of newly purchased device and the device to be traded in. Please print information clearly.

**I. Ship Date:**

**2. Ship To:**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address \_\_\_\_\_

**3. Bill To:**  Same as Ship To

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address \_\_\_\_\_

**4. Contact Name:**  Same as Ship To

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address \_\_\_\_\_

**The trade in units must be shipped within 90 days of new units received**

**Shipping address for trade in:**

School Health Corporation  
Attn: Vision Trade In  
5600 Apollo Drive  
Rolling Meadows, IL 60008

PO Number	TRADE IN - Serial Number, Make & Model	NEW PURCHASE - Serial Number, Make & Model
<i>PO 3456</i>	<i>serial No 22222, Make, Model</i>	<i>Serial No 4444, Make, Model</i>