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APPLICATION DOCUMENT  
REFERENCE COMPREHENSIVE SERVICE PLAN

Practice Name & Address

.....  
.....  
.....

Date.....

Tel:.....

Fax:.....

Dear Sirs,

We wish to register with Excel Healthcare LTD for the **FULLY COMPREHENSIVE SERVICE PLAN** with the following sterilisers:

Number of sterilisers:.....

Type: Enigma

Serial Number:.....(located on rear panel of steriliser)

Date of commencement:.....

**TERMS AND CONDITIONS**

The Service Plan will commence from the above date. Amount payable **£460.00 plus VAT**. An invoice will be issued after the first service has been carried out. Excel Healthcare Ltd will conduct bi-annual services on each individual unit incorporating a series of calibration tests with a written scheme of examination and will issue certification reports to verify effective sterilisation and pressure vessel worthiness.

The annual payment will include **ALL PARTS AND LABOUR COSTS**.

In the unlikely event of any breakdown on the contracted sterilisers between bi-annual visits repairs will be carried out quickly and efficiently. We will endeavour to attend within a 24 hour period of notification. These repairs will be carried out under the Excel Healthcare warranty scheme and will be **FREE OF ANY CHARGES**.

Signed on behalf of (practice name):.....

Signature:.....

Print Name:.....